FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035163 (2)

LEVEROCK CONSTRUCTION, INC.

LEVEROCK, STANLEY C SR

7005-1 HARRISBURG RD

JACKSONVILLE FL 32222

Mailing Address Principal Place of Business 7005 HARRISBURG RD 7005 HARRISBURG RD JACKSONVILLE FL 32222 JACKSONVILLE FL 32222-1711 3a. Date of Last Report 3. Date incorporated or Qualified 05/06/1994 04/26/1996 28. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3249441 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution 23 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LEVEROCK, STANLEY C JR 7005 HARRISBURG RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32222 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4-21-97 Stanley ((NOTE: Registered Agent signature required wher reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 DELFTE Change Addition TITLE 1 h TOLE LEVEROCK, STANLEY C JR 1 b NAME NAME 7005 HARRISBURG RD TRISTREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32222 CITY-ST-ZIP 1,4 CHY-S1-7IP

28 1110

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3D NAME

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4,2 NAME 43 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

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14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block, 13 if changed, or on an all achment with an address.

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May 16 1997 8:00am

Secretary of State