

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044091 (4)

B & O CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office of Business ROUTE 1, BOX 1182A COUNTY ROAD 67 BRISTOL FL 32321		2a. Mailing Address ROUTE 1, BOX 1182A COUNTY ROAD 67 BRISTOL FL 32321	
2. Principal Office of Business 21 Suite Apt # etc 22 City & State 23 State		2a. Mailing Address 26 Suite Apt # etc 27 City & State 28 State	
24		30	
3. Date Incorporated or Qualified 06/07/1994		3a. Date of Last Report	
4. FEI Number 59-3254848		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent O'NEAL, GLENN ROUTE 1, BOX 1182A COUNTY ROAD 67 BRISTOL FL 32321		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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. SIGNATURE <u>GLENN ONEAL Glenn Oneal</u> 4-30-95 Corporate Agent (Print Name, Print Signature, and Title) (Date)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D O'NEAL, GLENN COUNTY RD 67 P.O. BOX 532 BRISTOL FL 32321	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BARBER, DEXTER STATE ROAD 12 SOUTH P.O. BOX 298 BRISTOL FL 32321	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FLOWERS, JEROME STATE ROAD 12 SOUTH RT.1 BOX 102 BRISTOL FL 32321	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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

SIGNATURE: GLENN ONEAL Glenn Oneal 4-30-95 9046432747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Digitized Name)