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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortoam Secretary of State

DIVISION OF CORPORATIONS

1996

P94000053076 (3) **DOCUMENT #**

SOUTHWEST FLORIDA ROADBUILDERS, INC.

Principal F	lace of	Business
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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

18110 STATE ROAD 62 PARRISH FL 34219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

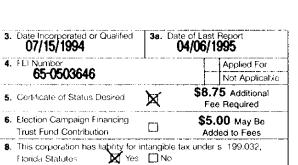
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18110 STATE ROAD 62 PARRISH FL 34219



25 29 30 g. Name and Address of Current Registered Agent

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MCINTYRE, DAWN J **18110 STATE ROAD 62** PARRISH FL 34219

	10. Name and Address of New Registered A	gent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zıp Çode

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

Country

SIGNATURE Specific protect commod registers agent and the major elater of the Begetzeral April supercommunity strep. DAIL									
12.	OFFICERS AND D		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PS	☐ DELETE	1 1 TOTLE		Change	Addition			
NAME	MCINTYRE, DAWN J		1.2 NAMÉ						
STREET ADDRESS	18110 STATE ROAD 62		1.3 STREET ADDRESS						
CITY - ST - ZIP	PARRISH FL 34219		1.4 CHTY - ST. ZIP						
TITLE	VI	☐ DELETE	2 1 HT.E		☐ Change	Add-tion			
NAME	MCINTYRE, JESSE L		2.2 NAME						
STHEET ADDRESS	18110 STATE ROAD 62		2.3 STREET ADDRESS						
CITY - ST - ZIP	PARRISH FL 34219		2 4 CITY - ST - ZIP						
TITLE		☐ DELETE	3 1 TITLE		☐ Change	☐ Addition			
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
City+SI-ZiP			3 4 CHY-\$1-20P						
TITLE		☐ DELETE	4 Tillté		Change	☐ Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - S1 - ZIF						
TITLE		☐ DEFELE	5 1 TILE		☐ Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY -ST - ZIP			5.4 C/TY - ST - 7/P						
TITLE		□ DELETE	6 1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			64 CiTY - S1 - ZiP						

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this aimust report or supplemental annual report is true and ansurate and that my signature shall have the same legal effect as if made under oath; 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 13 or Block 13 if changed, or on an attachment with an address

Yreside ict SIGNATURE:

Dawn J. McIntyre Higher 941.776-2820