

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR 11 PM 8: 35****DOCUMENT # P94000053811 (3)**

1. Corporation Name

PALM CONSTRUCTION, INC.

Principal Place of Business

**350 GOLF BROOKE CIRCLE
SUITE 102
LONGWOOD FL 32779**

Mailing Address

**350 GOLF BROOKE CIRCLE
SUITE 102
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

1994

4. FEI Number

59-3256928

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1715 PALM BEACH DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1715 PALM BEACH DRIVE

Suite, Apt. #, etc.

City & State

23 APOKA, FLA

City & State

28 APOKA, FLA.

Zip

24 32712

Country

25 U.S.

Zip

29 32712

Country

30 U.S.

9. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
600 COURTLAND STREET
SUITE 110
ORLANDO FL 32804**

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PRESIDENT
NAME JOHN R ALBERSHARDT
STREET ADDRESS 1715 PALM BEACH DRIVE
CITY- ST- ZIP APOKA, FLA. 32712****TITLE SECRETARY
NAME JAYNE WILLIAMS
STREET ADDRESS 2640 AZALIA DRIVE
CITY- ST- ZIP LONGWOOD, FLA. 32779**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Jayne Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/5/95**
DATE

10444872 CP