FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

SEP [illegible] 8:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083231 (8)**

1. Corporation Name

SNS CONTRACTING, INC.

Principal Place of Business	Mailing Address
10895 OLD DIXIE HWY. ST. AUGUSTINE FL 32095	10895 OLD DIXIE HWY. ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. # etc. — 22 | Suite, Apt. # etc. — 27

City & State — 23 | City & State — 28

ZIP — 24 | County — 25 | ZIP — 29 | County — 30

4. FEI Number: 59-3218156 | ☐ 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

8. This corporation has authority to [illegible] under s. 607.0505, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ISAAC, FRED C
10895 OLD DIXIE HWY.
ST. AUGUSTINE FL 32095

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 Section 607.0502 and 607.1008, 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: [illegible] (If changing Registered Agent, Registered Agent must sign.) Date

12. OFFICER AND DIRECTOR		13. ADDITIONAL CHANGES TO BE FILED AT THIS TIME
Title	D	Delete ☒ Change ☐ Addition
Name	SCHMIDT, EVELYN M	
Street Address	12612 GATHERING OAKS DR.	
City-St-Zip	JACKSONVILLE FL 32258	
Title	D	☐ Change ☐ Addition
Name	NELSON, SCOTT G	
Street Address	5395 CHURCH ROAD	
City-St-Zip	ST AUGUSTINE FL 32092	
Title	D	☐ Change ☐ Addition
Name	SARBU, KENNETH E	
Street Address	10395 TRIPLE CROWN AVE.	
City-St-Zip	JACKSONVILLE FL 32257	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I do hereby certify that the information supplied with this report is true, complete and accurate. 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 of part A of this report or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-95 — Date

904-262-4884 — Daytime Phone Number

0007871 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000083659 (0)

1. Corporation Name

ASHFORD. CAMPBELL AND HOBBS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
290-F DYER RD BIG PINE FL 33043	290-F DYER RD BIG PINE FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0549133 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWNING, MICHAEL L 402 APPELROUTH LN KEY WEST FL 33040	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	ASHFORD, BOBBIE J	
STREET ADDRESS	290-F DYER RD	
CITY-ST-ZIP	BIG PINE FL 33043	
TITLE	D	☐ Change ☐ Addition
NAME	CAMPBELL, BEVERLY G	
STREET ADDRESS	290-F DYER RD	
CITY-ST-ZIP	BIG PINE FL 33043	
TITLE	D	☐ Change ☐ Addition
NAME	HOBBS, JEANETTE	
STREET ADDRESS	290-F DYER RD	
CITY-ST-ZIP	BIG PINE FL 33043	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 119.07, 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 if changed, or on an attachment with an address.

SIGNATURE: Jeanette F. Hobbs 5/11/95 (305) 872-5428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0424349 FP