

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008675 (7)

1. Corporation Name

H. RAIFORD CONSTRUCTION, INC.



Principal Place of Business

1216 GREEN CAY AVE.
ATLANTIC BEACH FL 32233

Mailing Address

1216 GREEN CAY AVE.
ATLANTIC BEACH FL 32233

2. Principal Place of Business

21 1216 Green Cay Ave

2a. Mailing Address

26 1216 Green Cay Ave

Suite, Apt. #, etc.

22 City & State

23 Atlantic Beach FL

24 32233

Country

25 Duval

Suite, Apt. #, etc.

27 City & State

28 Atlantic Beach FL

29 32233

Country

30 Duval

9. Name and Address of Current Registered Agent

RAIFORD, HUNTER W SR
1216 GREEN CAY AVE.
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

4. FEI Number

59-3085146

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

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

Signature typed or printed in block letters below signature

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
D RAIFORD, HUNTER W SR
STREET ADDRESS
1216 GREEN CAY AVE.
CITY-STATE-ZIP
ATLANTIC BEACH FL 32233

1.2 TITLE ☐ DELETE

NAME
D RAIFORD, PAMELA H
STREET ADDRESS
1216 GREEN CAY AVE.
CITY-STATE-ZIP
ATLANTIC BEACH FL 32233

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

904-249-2566

Date

Daytime Phone #

CR2E034 (12/95)