

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 # P95000009057 (7)

1. Corporation Name

CONSTRUCTION & SITE PREPARATION INC.

Principal Place of Business

3213 HIGHWAY 231  
PANAMA CITY FL 32405

Mailing Address

3213 HIGHWAY 231  
PANAMA CITY FL 32405



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

4. FEI Number

59-3192939

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

LESEUR, JOE C  
3213 HIGHWAY 231  
PANAMA CITY FL 32405

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 of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Agent)

DATE

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

*Michael J. McNemar*  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. MCNEMAR

2-20-96

904  
648-3021

CR2E034 (12/95)