

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020753 (6)

1. Corporation Name

ADVANCED CONSTRUCTION OF NAVARRE II, INC.



Principal Place of Business

Mailing Address

6902 LIBERTY ST.
NAVARRE FL 32566

6902 LIBERTY ST.
NAVARRE FL 32566

2. Principal Place of Business

2a. Mailing Address

21 2010 Prado ST

26 2010 Prado ST

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Navarre FL

28 Navarre FL

Zip

Zip

24 32566

29 32566

Country

Country

25 Santa Rosa

30 Santa Rosa

9. Name and Address of Current Registered Agent

POLAND, TONY
6902 LIBERTY ST.
NAVARRE FL 32566

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report

4. FEI Number 513299565
454-31-5328

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

Tony Poland

82 Street Address (P.O. Box Number is Not Acceptable)

2010 Prado ST

83

84 City

Navarre FL

FL

85 Zip Code

32566

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 type (Large and small print) for agent and not applicable (NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
POLAND, TONY
STREET ADDRESS 6902 LIBERTY ST.
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ DELETE

NAME STD
Gail Poland
STREET ADDRESS 2010 Prado
CITY-ST-ZIP 32566

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

936-9057