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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P95000036588 (8)						
ADVANCED CONSTR	RUCTION & FRAMING	i, INC.				
Principal Place of Business	Ma	ling Address				
188 OLD HARD ROAD ORANGE PARK FL 32073-5438		188 OLD HARD ROAD ORANGE PARK FL 32073-5438				



188 OLD HARD ORANGE PARK		188 OLD HARD ROAD ORANGE PARK FL 3207	73-5438			Date Incorporated or Qualified 3a. Date of Last Report 05/04/1995
		2a. Mailing Address		— -		4 FFI Number Applied For
Principa! Plac	te of Business	26				59-33/3769 Not Applicab
Suite, Apt. #,	etc	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
oulle, Apt. #,	610	27				- 7 Ge riogando
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
]		28				Trust Fund Contribution LJ Added to Fees
Zip	Country	Zip		intry		B. This corporation has liability for intangible tax under s. 199 032 Floods Statutes
<u> </u>	25	29	30	_		Florida Statutes Yes No. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Registered Agent		81	Name	TV. Traine discourse
MCK	inzie, franklin m					
188	OLD HARD ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
ORA	NGE PARK FL 32073-5438			83		
				L.		85 Zip Code
				84	City	FL S E FL S E FL FL FL FL FL FL FL
	gistered agent, or both, in the state it familiar with, and accept the oblig		NATE Sugister	ed A:p		quedate mostatig
2.		ND DIRECTORS	13.			ADDITION 3/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	D	DELETE	1	THEF		
NAME	MCKINZIE, FRANKLIN M			NAME		
STREET ADDRESS	188 OLD HARD ROAD				T ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073-54	I38 DELETE		<u>CITY </u>	SI-ZIP	Change Addi
THLE		[_] often		NAME		_
NAME			l		ET ADDRESS	
STREET ADDRESS			1		-S1-ZIP	
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STREET ADDRESS			3.3	STREE	ET ADDRESS	
CHY-ST-ZP			3.4	CITY	-ST-7IP	Change Add
TITLE		DELETE	4 1	TITLE		Change Add
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NAME			1	2 NAM 2 OTDE	ELLADDRESS	
STREET ADDRESS					-ST ZIP	
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TITLE				2 NAM		
NAME CIRCLI ADDRESS					EET ADDRESS	
STREET ADDRESS					r - S1 - ZIP	
14. I do here	L by certify that the information supp	lied with this filing is voluntari	ily turnishe	d an	d does not o	qualify for the exen ption stated in Section 119 07(3)(k). Florida Statutes. I rue and accurate and that my signature shall have the same legal effect a
further ce made un that my n	ertify that the information indicated i der oath, that I am an officer of dire lame appears in Riock 12 or Jirock 1	or this attitual report of supplector of the corporation or the 13 if ghanged, of on an attach	receiver o	r frus an a	stee empow .ddress	qualify for the exen ption stated in Section 119 07(3)(k). Horida Statutes rue and accurate and that my signature shall have the same legal effect vered to execute this report as required by Chapter 617. Florida Statutes

SIGNATURE:

8-6-96 (904) 269-5794