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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000037240 (5)

DOCUMENT #

1. Corporation Name

EDWAR	D F. STANLEY GENERA	AL CONTRACTOR, INC.					
Principal Place o	of Business	Mailing Address				•	
	AST 6TH AVENUE		832 NORTHEAST 6TH AVENUE				
OCALA FL 34	470	OCALA FL 34470			Day of Lord Day of		
					3. Date Incorporated or Qualified 3a. Date of Last Report 15/09/1995		
2. Principal Plac	na of Rusiness	2a. Mailing Address	2a Mailing Address		4. FEI Number Applied For		
z. Fililogali las	Se o Duamega	26			59-3312106 Not Applical		
Suite, Apt. #,	etc.	Suite, Apt. #, etc			5. Certificate of Status Desired 38.75 Additional	1	
2		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z ip	Country	28 Zip	Coun	Inv	This corporation has liability for intangible tax under s 199.032,		
14 Zip	25	29	30	· ,	Florida Statutes Yes No		
	9. Name and Address of Cur				10. Name and Address of New Registered Agent		
			14	81 Name			
	y, edward f		1	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	RTHEAST 6TH AVENUE		Ļ	B3			
OCALA I	FL 34470			53			
			Ī	84 City	FL 85 Zip Code		
11 Durement to	the provisions of Sections 607.0	502 and 607 1503. Florida Statu	ites the above	e named corpo		ffice	
or registere familiar with	d agent, or both, in the State of F n, and accept the obligations of, S	Renda Such change was authori section 607.0505, Florida Statute	ized by the co es.	prporation's boa	oration submits this statement for the purpose of changing its registered of and of directors. Thereby accept the appointment as registered agent. Lan	n	
SIGNATURE _	ligeature Typero or printed capacitative printed a	went and the discounties (f)	Off Reputation A	Specifisquature copure	etwir residured DATE		
12.		AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 1 Tr	t i	Change Addite	òп	
NAME	STANLEY, EDWARD F		1 2 NA	ME			
STREET ADDRESS	2832 NORTHEAST 6TH A	VENUE	1350	REET ADDRESS			
CITY - ST - ZIP	OCALA FL 34470	☐ DELETE		Y - ST - 2IP	☐ Change ☐ Addıti	ion	
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NAME				REFT ADDRESS			
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NAME			4 2 NA	1			
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CITY - ST - ZIP				TY - ST - ZIP			
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NAME			62 NA	ME			
STREET ADDRESS			6 3 ST	REEL ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP	6. No. of the stand in Poplier 110 07/08/A Florida Clab and 16 dis-	`	
certify that		annual report or supplemental as amoration or the receiver or trus	nnual report i: itee empower		r for the exemption stated in Section 119.07(3)(k), Florida Statutes I furthe trate and that my signature shall have the same legal effect as if made und this report as required by Chapter 607, Florida Statutes; and that my name		

SIGNATURE: CHICAGO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO TANCEY 4/26/96

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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000072722 (9) **DOCUMENT #**

BIRKSON COMPANY INC.

Principal Place of Business 10001 N.W. 50TH STREET SUITE 202 SUNRISE FL 33351

Mailing Address

10001 N.W. 50TH STREET SUITE 202 SUNRISE FL 33351

3. Date incorporated or Qualified 3a. Date of Last Report

		09/30/1994	08/09/1995
2a. Mailing Address		4. FEI Number 65-0524877	Applied For Not Applicable
Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
L 2.107	untry	8. This corporation has liability for i	ntangible tax under s 199.032, ☐ No
[23]	T	10. Name and Address of New R	legistered Agent
en negistered Agent	81 Name		
		ess (P.O. Box Number is Not Acceptab	ole)
	84 City		FL 85 Zip Code
	26 Suite Apt. #, etc. 27 Coty & State 28 Zip Co	26 Suite Apt. #. etc. 27 City & State 28 Zip Country 29 30 ent Registered Agent 81 Name 82 Street Additional 83 83	2a. Mailing Address 2b. Suite Apt. #. etc. City 8 State Country 2g. Country 2g. Country 30 Street Address In Name and Address of New F. Street Address (P.O. Box Number is Not Acceptat 83

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.

	and accept the obligations of. Section 607,0505, Fibrida Statelos.		DATE
SIGNATURE _s	ratine, typed or principle salespeed by	E. Registered Agent signature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	1 1 111.6	Change Addition
TITLE	F		
NAME	MARGUES, ANTONIO R	1.2 NAME	
STREET ADDRESS	10001 N.W. 50TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1 4 CHTY · ST - ZIF	Change Addition
TITLE	☐ DELETE	2 1 Tritue	
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY - ST - ZIP	Change Addition
TIFLE	DELETE	3 1 71/16	_
NAME		3.2 NAME	
STREET ADDRESS		33 STREFT ADDRESS	
DITY-ST-ZIP		3 4 C/TY - ST - ZI-2	Change Addition
TITLE	☐ DELETE	4 1 THLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
=		4.4.0(1Y-S1-7)P	☐ Change ☐ Addition
CITY-ST-ZIP	DELETE	5 1 TrTLE	Onlings
TITLE		5 2 NAME	
NAME	l i	5.3 STREET ADDRESS	
STHEET ADDRESS		54 CITY-ST-ZIP	□ Change □ Addition
CITY - ST - ZIP	DELETE	6 1 TITLE	Change Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS			The state of the s
CiTY - S1 - 7iP			for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. 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(3)(K). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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