

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000057373 (9)**

1. Corporation Name:

**FLORIDA - GEORGIA CONSTRUCTION INC.**



Principal Place of Business

**7279 WEST MATADOR LANE  
HOMOSASSA FL 34446**

Mailing Address

**7279 WEST MATADOR LANE  
HOMOSASSA FL 34446**

3. Date Incorporated or Qualified  
**07/25/1995**

3a. Date of Last Report

**1st Report**

2. Principal Place of Business

21 **7279 W. Matador Lane**

22 Suite, Apt #, etc:

23 **Homosassa FL**

24 **34446**

25 **CITRUS**

2a. Mailing Address

26 **7279 W. Matador Lane**

27 Suite, Apt #, etc:

28 **Homosassa, FL**

29 **34446**

30 **CITRUS**

4. FEI Number

**59-3327549**

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

**LEONE, FREDERICK JR.  
7765 W. GULF TO LAKE HIGHWAY, SUITE 5  
CRYSTAL RIVER FL 34429**

81 Name

**Sharon L. Dancer**

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

**7279 W. Matador Lane**

83

**HOMOSASSA**

84 City

**HOMOSASSA**

FL

85 Zip Code

**34446**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: **Sharon L. Dancer (Sharon L. Dancer)**

Signature Type: For purposes of this filing, I signed as: (Type "officer" or "director")

Date: (Type "DD/MM/YYYY")

(Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANCER, LUTHER</b>	
STREET ADDRESS	<b>7279 WEST MATADOR LANE</b>	
CITY - ST - ZIP	<b>HOMOSASSA FL 34446</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: **Luther A. Dancer** *Luther A. Dancer* 3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352  
628.4082

CR2E034 (12/95)