

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 # P95000058882 (8)  
1. Corporation Name

TRIMBLE CONSTRUCTION, INC.



Principal Place of Business Mailing Address  
2045 HIGH VISTA DRIVE 2045 HIGH VISTA DRIVE  
LAKELAND FL 33813 LAKELAND FL 33813

2. Principal Place of Business 2a. Mailing Address  
21 1935 E. Edgewood Dr. 26 2045 High Vista  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Building M-4 27  
City & State City & State  
23 Lakeland, FL 28 Lakeland, FL  
Zip Country Zip Country  
24 33803 25 Polk 29 33813 30 Polk

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/31/1995  
4. FEI Number 59-3328459 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 190.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
TRIMBLE, JANE B  
2045 HIGH VISTA DRIVE  
LAKELAND FL 33813

10. Name and Address of New Registered Agent  
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 typed in printed name of registered agent and director applicable

(If DFL Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME TRIMBLE, CLIFFORD P  
STREET ADDRESS 2045 HIGH VISTA DRIVE  
CITY-ST-ZIP LAKELAND FL 33813  
TITLE D ☐ DELETE  
NAME TRIMBLE, JANE B  
STREET ADDRESS 2045 HIGH VISTA DRIVE  
CITY-ST-ZIP LAKELAND FL 33813  
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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 in changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (3/96)