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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

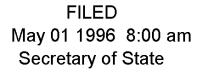
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000069060 (8)

ROYALL CONSTRUCTION OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address							
700 RIVERBEND BLVD 700 RIVERBEND BLVD LONGWOOD FL 32779 LONGWOOD FL 32779							
					3. Date Incorporated or Qualified 09/05/1995	3a. Date o	Last Report
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
26		26					Not Applicable
Suite, Apt #. etc. 2		Suite, Apt. #, etc	en e		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032.		
14	25 29		30		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	ent Registered Agent		at an a	10. Name and Address of New H	egistered Aç	jent
			1	11 Name			
ROYALL, H. J. JR 700 RIVERBEND BLVD LONGWOOD FL 32779			[Street Add	ess (P.O. Box Number is Not Acceptable)		
			Ţ.	13			
			-	14 City			85 Zip Code
				, '	ration submits this statement for the pu	FL	
12.		AND DIRECTORS	13.	gent signat via redere	ADDITIONS/CHANGES TO OFF		
TITLE		DPST DELETE		_f	Change Addition		
NAME	ROYALL, H. J. JR		1.2 NAM	AE .			
STREET ADDRESS	700 RIVERBEND BLVD		13 S1H	EET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779	T	1.4 Ci7	r ST ZIP			A
TITLE		DELETÉ	2 1 11	- 1		L	Change Addition
NAME			2.2 NA!				
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP		☐ DELETE	2 4 C-T	r ST-21f'		П	Change Addition
TITLE			3.2 NAI				• 🖵
NAME				HEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y - S1 - ZIP			
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NAME			4.2 NA	vi.			
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CITY-ST-ZIP			4.4.CIT	Y - \$1 - ZiP			
TITLE		DELETE	5 1 T:1				Change
NAME			5.2 NA	Mi.			
STREET ADDRESS			5351	REET ADDRESS			
CITY - ST - ZIP	Address of the second			r - ST - ZIP			Chicas
TITLE		☐ DELETE	6 1 11			L	Change
NAME			62 NA	1			
STREET ADDRESS				REET ADORESS			
CITY - ST - ZIP				r ST-ZIP	for the exemption stated in Section 119		·

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 Biock 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: