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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

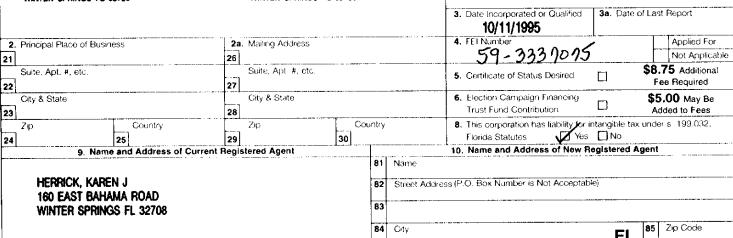
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HERRICK CONSTRUCTION CORPORATION

Principal Place of Business 160 EAST BAHAMA ROAD WINTER SPRINGS FL 32708 Mailing Address

160 EAST BAHAMA ROAD WINTER SPRINGS FL 32708



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above number 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 dollaritions of Section 607/1605, Florida Statutes.			
SIGNATURE \(\Omega(1) \) \\ \(\Omega(2) \)			
Stranger frame of the street and a second control of the second s			
12.	DEFICERS AND DIRECTORS	13.	
TITLE	D DELETE	1 1 10116	Change Addition
NAME	HERRICK, KATEN J	1.2 NAME	
STREET ADDRESS	160 EAST BAHAMA ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIF	WINTER SPRINGS FL 32708	1.4 CiTy - \$1 - 702	
TITLE	D DELETE	2 1 THELE	Change Addition
NAME	HERRICK, EDWARD A	2.2 NAME	
STREET ADDRESS	160 EAST BAHAMA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CHY+SY-ZIP	
TITLE	☐ DELETE.	3 LT:TLF	Change 🔲 Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY+S1-ZIP	
TITLE	DECETE	4 1 THTLE	Change Addition
NAME		4.2 NAME	
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CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition
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TITLE	DELETE	6 1 MILE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	!
CITY-SI-ZIP		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 supplicmental 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 cognoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address

SIGNATURE:

GNING OFFICER OR DIRECTOR

5/31/96 407-695-6552

CR2E034 (12/95)