

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 # P95000083346 (3)

1. Corporation Name

S & B CONSTRUCTION, INC.



Principal Place of Business

900 FT. PICKENS RD., #822  
GULF BREEZE FL 32561

Mailing Address

900 FT. PICKENS RD., #822  
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 1112 CAMAREE PLACE

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 8413

Suite, Apt. #, etc.

4. FEI Number

59-3342235

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

22

City & State

23 PENSACOLA FL

Zip

Country

24 32534

25 USA

27

City & State

28 PENSACOLA FL

Zip

Country

29 32505

30 USA

9. Name and Address of Current Registered Agent

BRUBAKER, TODD  
900 FT. PICKENS RD., #822  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

BRUBAKER, TODD

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

1112 CAMAREE PLACE

83

84 City

PENSACOLA

FL

85 Zip Code

32534

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME SPONHEIMER, KEVIN  
STREET ADDRESS 1359 SANIBELLE LANE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE V ☐ DELETE  
NAME BRUBAKER, TODD  
STREET ADDRESS 900 FT. PICKENS RD., #822  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE T ☐ DELETE  
NAME BRUBAKER, BARRY  
STREET ADDRESS 900 FT. PICKENS RD., #822  
CITY-ST-ZIP GULF BREEZE FL 32561

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

1112 CAMAREE PLACE  
PENSACOLA, FL 32534

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

900 FT. PICKENS RD., # 214  
PENSACOLA BEACH, FL 32561

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. TODD BRUBAKER

4/29/96

Date

904-453-6443

Daytime Phone #

CR2E034 (12/95)