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

SIGNATURE:

P95000084673 (9)

DOCUMENT # 1. Corporation Name

D. EDWARDS CONSTRUCTION CO., INC.													
Principal Flace of Business					Mailing Address					T ABBULBUR 110 38401 BEILER ABBUL DUILD	88331 88181 191		#1141 F#### F##F F###
17839 US 41 SPRING HILL FL 34610				17839 US 41 SPRING HILL FL 34610									
										3. Date Incorporated or Qualified 11/01/1995	3a. Date	of Last	t Report
	. Principal Place of Business				2a. Mailing Address					4. FEI Number	-L	X	Applied For
21	1			26	26								Not Applicable
<u> </u>	Suite, Apt. #, etc.			··· 3	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	75 Additional
22	22				27								e Required
23	City & State				City & State					Election Campaign Financing Trust Fund Contribution			.00 May Be
23	Zip	ip Country			Zip Country								Ided to Fees
24		25			30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ▼ No			
	L	9. Name ar	nd Address of Current	29 Register	ed Agent	L	~			10. Name and Address of New R		gent	
[Ī	Name				
	EDWAR	DS, DENNIS I	R				82	١.,	Street Address	t Address (P.O. Box Number is Not Acceptable)			
17839 US 41 S.								Ĺ	Olioot ridorot	Address (1.10. Day Halfiber is Not Addeptable)			
	SPRING	HILL FL 346	510				83						
							84	-	City			85	Zip Code
									•		FL	1 1	,
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 register 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 familiar with, and accept the obligations of, Section 62.2605, Florida Statutes. 5/1/96												ts registered office red agent. I am	
81	IGNATURE _	s Dennis	R. Edward	S, AP	resident	ren Agen	ıt şi	ignature required v	vhen reinstating)	DATE:			
1:	2.		OFFICERS AND	D'RECTO		1;	3.			ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12
Till	ILE	Presid			☐ DELETE	1.	1 TITLE			•	Ĺ.] Chang	ge 🛗 Addition
'	ME		R. Edward	s		1.8	NAME						
l	REET ADDRESS	5298 N	locklyn Rd.				1.3 STREET ADDRESS						
	TY-ST-ZIP	Brooks	ville, FL	3460	9DELETE		CITY-S	1-3	ZIP			7 Chan	as Cl Addition
l	rle Vme				["] Dereit	4	1 THILE				L] Chanç	ge Addition
l	REET ADDRESS						NAME	· Arv	aporee.				
ı	NEET ADUNESS TY-ST-ZIP					1	STREET CITY-S						
111					☐ DELETE		1 TITLE	31-4	415] Chang	ge
NA NA	ME.						NAME				_		. <u> </u>
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cr	TY-ST-ZIP					3.4	CITY-S	T - 7	ZIP				
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N₽	ME					4.2	NAME						
ST	REET ADORESS					4.3	STREET	ΑĐ	DDRESS				
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l	reet adoress						STREET		1				
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l	rme				DELETE		1 TITLE NAME				L] Chang	ge 🔲 Addition
ı	reet address						NAME STREET	AD.	DDDESC				
l	HEET ADURESS TY-ST-ZIP						CITY-S	-					
	4. I do hereb	y certify that the	e information supplied w	ith this filir	ng is voluntarily fun	nished ar	d does	s r	not qualify for	the exemption stated in Section 119.	07(3)(k), Flo	ida Sta	atutes. I further
	certify that oath; that	the information Lam an officer	n indicated on this annua	al report or ation or th	r supplemental ann ie receiver or truste	nual repo ee empoy	rt is tru	91	and accurate	and that my signature shall have the report as required by Chapter 607, Fig.	same legal	effect a	as if made under

5/1/96 352-596-6352