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

1. Corporation	MENT # P9500 REPAIRS AND PROJECTS	00097833 (4) s, INC.		1 18 2 1 18 1 18 18 18 18 18 18 18 18 18 18 18	JB 18/35 1488 (18/48 20/88 51/8 1884
Principa' Place of Business 1652 FRUIT COVE WOODS DRIVE JACKSONVILLE FL 32259		Mailing Address 1652 FRUIT COVE WOODS DRIVE JACKSONVILLE FL 32259			
				I a series in	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		12/28/1995 4. FEI Number	Applied For
21 Suita Act (26		59-3351230	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	;	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for intange	Added to Fees ble tax under s 199.032,
24	25	29	30	Florida Statutes 🔲 Yes 💢 N	No
·····	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
DAVIS, S.L. III 1652 FRUIT COVE WOODS DRIVE JACKSONVILLE FL 32259			82 Street A8384 City	Address (P.O. Box Number is Not Acceptable)	85 Zip Code
or registere familiar witi	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was authorize Section 607.0606, Florida Statutes	bs, the above named co ad by the corporation's	orporation submits this statement for the purpose o board of directors. I hereby accept the appointme	FL of changing its registered office int as registered agent. I am
12.	Signatine typed or product name of registered a	agest and store if accordate (NO AND DIRECTORS	DE: Bagistmed Agent signal we re		A1E
T TLE	PSTD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DAVIS, S.L. III	<u> </u>	1.2 NAME		All origings
STREET ADDRESS	1652 FRUIT COVE WOODS	DRIVE	13 STREET ADDRESS	DAVIS, S. L. TIII 1652 FRUIT ONE WOODS DAWE	
CITY-ST-ZIP	JACKSONVILLE FL 32259		14 CHY-ST ZIF	JACKSONVILE, FL, 37259	
TITLE		☐ DELETE	2 1 TITLE	VP AND S	Crange 🙀 Addition
NAME SEREELADORESS			2 2 NAME	Robin LEE DAVIS	
City-ST-ZIP			2.3 STREET ADDRESS 2.4 City - St-Zip	1652 FRUIT COVE WOOK DRIVE JACKSON VILLE, FL, 32269	
TIFLE		DELETE	3 1 TITLE	Charles 1 5 22 25 1	Change Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			34 CITY ST-ZIP	ļ	
TITLE		□ DELFTE	4 1 DTCE		Change Addition
NAME CAUCE LAGGERAGE			4.2 NAME		
STREET ACCRESS			4.3 STREET ADDRESS		
CISY-S1-ZIP TIPLE		DELETE	5 1 TifuE		Change Addition
NAMÉ			5.2 NAME		Dhange Addition
STREET ADDRESS			5.3 STRE-1 ADDRESS		
City-St-ZP			5.4 C(TY - S1 - Z(F)		
TITLE		☐ DELETÉ	6 1 T TLF		☐ Change ☐ Addition
NAMÉ			6.2 NAM;		
STREET ADDRESS			€ 3 STREET ADDRESS		
C-1Y - ST - ZiP	cortife that the information	med under state films to the films of	6.4 CHY-SI-ZiF	F. C. D.	
oath: that I	ithe information indicated on this a	innual teport or supplemental annu ircoration or the receiver or truster	ual report is true and acc e equotivered to execute	llfy for the exemption stated in Section 119.07(3)(k curate and that my signature shall have the same le e this report as required by Chanter 607, Florida S	legal effect as it made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-287-6863