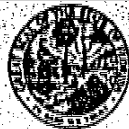


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAR 27 PM 4:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S14667 (7)

1. Corporation Name

PHILCO CONSTRUCTION, INC.

Principal Place of Business

**142 S SWOOPE AVE
MAITLAND FL 32751**

Mailing Address

**142 S SWOOPE AVE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1990

3a. Date of Last Report

10/31/1994

4. FEI Number

59-3039205

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRCHMIER, RANDALL R.
142 S SWOOPE AVENUE
207 WEST SABAL PALM PLACE
MAITLAND FL 32779**

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

PHILLIPS, THOMAS, B

STREET ADDRESS

1867 CORBETT RD

CITY - ST - ZIP

ORLANDO FL

1.1 TITLE

V/D/S/T

1.2 NAME

PHILLIPS, THOMAS, B

1.3 STREET ADDRESS

1867 CORBETT RD

1.4 CITY - ST - ZIP

ORLANDO, FL 32826

☒ Change ☐ Addition

TITLE

V

NAME

BIRCHMIER, RANDALL, R

STREET ADDRESS

207 WEST SABAL PALM PLC

CITY - ST - ZIP

LONGWOOD FL

2.1 TITLE

P/D

2.2 NAME

BIRCHMIER, RANDALL, R

2.3 STREET ADDRESS

207 WEST SABAL PLC

2.4 CITY - ST - ZIP

LONGWOOD, FL 32779

☒ Change ☐ Addition

TITLE

ST

NAME

PHILLIPS, JANE R

STREET ADDRESS

1867 CORBETT ROAD

CITY - ST - ZIP

ORLANDO FL

3.1 TITLE

REMOVE AS OFFICER

3.2 NAME

PHILLIPS, JANE R

3.3 STREET ADDRESS

1867 CORBETT ROAD

3.4 CITY - ST - ZIP

ORLANDO, FL 32826

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 on an addendum with an address.

SIGNATURE:

Thomas B. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Phillips

3/20/95

407 647-7445

Date

Telephone Number