

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 # **S33739**

1. Corporation Name

~~STEVE DAWS CONSTRUCTION, INC.~~

(1)  
NO 5-17-96

Daws - Roberts General Contractors, Inc.

Principal Place of Business

Mailing Address

2129 OLIVIA DRIVE RD.  
TALLAHASSEE FL 32308

2119 OLIVIA DRIVE ROAD  
TALLAHASSEE FL 32308  
US



2. Principal Place of Business

2a. Mailing Address

21

26

2129 OLIVIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

TALLAHASSEE

Zip

Country

Zip

Country

24

25

29

32308

30

US

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWS, SONYA K.  
3375-A CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

81 Name

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

318 NORTH MONROE STREET

83

84

TALLAHASSEE

FL

85 Zip Code  
32301

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 the person signing this statement

Signature typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DAYS, STEVE C.  
STREET ADDRESS  
2129 OLIVIA DRIVE  
CITY - ST - ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
DAWS, SONYA K  
STREET ADDRESS  
2129 OLIVIA DRIVE  
CITY - ST - ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STEPHEN N ROBERT  
STREET ADDRESS  
3870 PADDOCK DR  
CITY - ST - ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

STEPHEN N. ROBERTS

800001830118  
-05/20/96--01065--003

\*\*\*200.00

800001830118  
-05/20/96--01065--004

\*\*\*25.00

5-20-96

JP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sonya K. Daws

5/1/96

(904) 222-3730

Daytime Phone

CR2E034 (12/95)