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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S33739** (1)

1. Corporation Name
DAWS-ROBERTS GENERAL CONTRACTORS, INC.

Principal Place of Business
**2129 OLIVA DRIVE
TALLAHASSEE FL 32308**

Mailing Address
**2129 OLIVA DRIVE
TALLAHASSEE FL 32308-6164**



3. Date Incorporated or Qualified **02/25/1991** 3a. Date of Last Report **05/20/1996**

4. FEI Number **59-3065573** 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 **338 THORNBERG DR**
Suite, Apt. #, etc.

2a. Mailing Address
26 **338 THORNBERG DR**
Suite, Apt. #, etc.

22 City & State
23 **TALLAHASSEE, FL**
24 Zip **32312** 25 Country **LEON**

27 City & State
28 **TALLAHASSEE, FL**
29 Zip **32312** 30 Country **LEON**

9. Name and Address of Current Registered Agent

**DAWS, SONYA K ESQUIRE
318 NORTH MONROE STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAWS, STEVE C.	
STREET ADDRESS	2129 OLIVA DRIVE	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAWS, SONYA K	
STREET ADDRESS	2129 OLIVA DRIVE	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STEPHEN N ROBERTS	
STREET ADDRESS	3870 PADDRICK DR	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	338 THORNBERG DR
1.4 CITY- ST- ZIP	TALLAHASSEE, FL 32312
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	338 THORNBERG DR
2.4 CITY- ST- ZIP	TALLAHASSEE, FL 32312
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3120 O'BRIEN DR
3.4 CITY- ST- ZIP	TALLAHASSEE, FL 32308
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, in an attachment, with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

980 3241
Daytime Phone #

CR2E034 (9/96)