SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. APPROVED AND FILED AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 AUG 30 PH 2: 14 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # (4)S73597 PHILMAN'S CONSTRUCTION CO., INC. Mailing Address Principal Place of Business RT 2 BOX 2674 RT 2 BOX 2674 **BELL FL 32619 BELL FL 32619** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 08/13/1991 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business 59-3134554 Not Applicable 3470 NW5 3470 NW 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution Bel 28 23 This corporation has liability for intangible tax under s. 199.032 Country Ζιρ ||3 🔲 Yes 🔲 No Florida Statutes 29 30 (0// 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PHILMAN, LINDA F Street Address (P.O. Box Number is Not Acceptable) 40000194-231 -03703/36-01034-015 RT 2 BOX 2674, U.S. 129 **BELL FL 32619** 83 ****375.00 84 City 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. Thereby accept the appointment an registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. and the practicable SIGNATURE TE Registered Agent signurure required when reinstaring) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1111LE TITLE 1.2 NAME PHILMAN, LINDA F. NAME **53**470 NW 57th Tr. Bell, Fl 32619 1.3 STREET ADDRESS RT 2 BOX 2674 STREET ADDRESS 1.4 CITY - ST-ZIP BELL FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE 111LE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP DITY - ST - ZiP Change ____ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CMY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME name 🧖 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 617. Florida Statutes and that my name supposes in Block 12 or Block 13 if chaptered or one attachment with an articless.

that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

8/27/96 904.935-0312

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