

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

CORPORATION
ANNUAL REPORT

1995-1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morton

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80779

(9)

1. Corporation Name

GETTIG CONSTRUCTION, INC.

Principal Place of Business

1553 GERBING RD
AMELIA ISLAND FL 32034
US

Mailing Address

1797 ARBOR DR
80
AMELIA ISLAND FL 32034
US

APPROVED
AND
FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3095365	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. 193.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 39 BEACH WOOD RD.
22 City & State	27 Suite, Apt. #, etc
23 City & State	28 AMELIA ISLAND, FL
24 Zip	29 32034
25 Country	30 Country

9. Name and Address of Current Registered Agent
GETTIG, RONALD EMERSON 1797 ARBOR DR AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 39 BEACH WOOD RD.
83
84 City AMELIA ISLAND
85 Zip Code 32034

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	GETTIG, RONALD EMERSON	1.2 NAME	
STREET ADDRESS	1797 ARBOR DR	1.3 STREET ADDRESS	39 BEACH WOOD RD.
CITY - ST - ZIP	AMELIA ISLAND FL	1.4 CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	D	2.1 TITLE	VP
NAME	PERRY, RICHARD ALAN	2.2 NAME	GETTIG, RONALD EMERSON
STREET ADDRESS	208 COURT 16TH ST	2.3 STREET ADDRESS	35 BEACH WOOD RD
CITY - ST - ZIP	FERNANDINA BEACH FL	2.4 CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	D	3.1 TITLE	S/T
NAME	GETTIG, CAROL ANN	3.2 NAME	GETTIG, RONALD EMERSON
STREET ADDRESS	1797 ARBOR DR	3.3 STREET ADDRESS	35 BEACH WOOD RD
CITY - ST - ZIP	AMELIA ISLAND FL	3.4 CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 recorder or trustee empowered to execute this report as required by Chapter 007, 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

4/30/95

8/126/95/51