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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

75	996	ONT TO	DIVISION OF	F CORPORATI	UNS				
DOCUM 1. Corporation No		173	(7)						
•	ONSTRUCTION OF DE	ESTIN, INC	\ }•						
Principal Place of	Business	Maile	ng Address						
122 AZALEA DR			O BOX 5404						
DESTIN FL 32541			DESTIN FL 32540						
US						3. Date Incorporated or Qualified	3a. Date of		
- A						10/18/1991 4. FEI Number	04/2	25/19	
2. Principal Place	of Business	2a. 1 26	Mailing Address			59-3086991			Applied For Not Applicable
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
			7			Fee Required			:
City & State		28	Oity & State			Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip	Country			Country	· · - · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible tax u		
24	25	[29]	, ,	30	. <b>.</b>		. □No		
	9. Name and Address of Cu	irrent Registe	red Agent	81	Name	10. Name and Address of New I	Registered Age	ant	
PETERMAI	NN, RICHARD P.				dress (P.O. Box Number is Not Acceptable)				
25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548			82		Street Addr	paress (P.O. Box number is not Acceptable)			
				84	City		FL <sup>1</sup>	85 Z¢	o Code
11. Pursuant to t	the provisions of Sections 607.	0502 and 607.	1508. Florida Statu	tes, the above-	named corpor	ation submits this statement for the pu	roose of change	na its r	eaistered office
or registered	agent, or both, in the State of and accept the obligations of,	Floridal Such d	change was authori	zed by the con-	oration's boar	rd of directors. I hereby accept the app	iointerient as rec	stered	agent. Lam
SIGNATURE									
12.	nature, typed or printed manie of registered.  Of FIGURE BS	agesta al 19 mar: S ANO DIBECT		DIE Bayeren: Ap.	of fogual are respons	: when recistaling?  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DI	RECTO	ΩS IN 12
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NAME				4.2 NAME					
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NAMÉ				5.2 NAME					
STREET ADDRESS					LADORESS				
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NAME			_ 5666.6	£ 2 NAME			U ,		
STREET ADDRESS					LADDRESS				
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certify that th	certify that the information supplie information indicated on this	annua report	or supertimental an	nual report is tr	ue and accura	or the exemption stated in Section 119 te and that my signature shall have the	e same legal effe	ect as if	made under
oath, that La	rn an officer or director of the c lock 12 or Block 13 if changed	anji Krahori Kra	ing <b>yr</b> Geivor <b>oc</b> trust	ee empcwared	to execute th	s report as required by Chapter 607, F	lorida Statutes	and tha	at my name
CICNIATI	IDE:	1 1		1	- Julia W	RIFE 111.1.6	low	120	7 8/12
SIGNATU	SIGNATURE AND YE	ED OR PRINTED N	AME OF SIGNING OFFIC	/ DER OA DIRECTOR	DOKE!	RILE 4/11/96	1904	105	בושי-ן
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