SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V03986** **(9)**

1. Corporation Name
JOHN F. CULLEN CONSTRUCTION INC.

Principal Place of Business	Mailing Address
HCI. 100 CESSNA DR. PORT ST. JOE FL 32456	HCI. 100 CESSNA DR. PORT ST. JOE FL 32456

2. Principal Place of Business	2a. Mailing Address
21 165 CESSNA, DR.	26 165 CESSNA, DR.
Suite, Apt. #, etc 22 SUITE 201	Suite, Apt. #, etc 27 SUITE 201
City & State 23 PORT ST JOE, FL	City & State 28 PORT ST JOE, FL
Zip / Country 24 32456 / 25 US	Zip / Country 29 32456 / 30

3. Date Incorporated or Qualified: 01/03/1992
3a. Date of Last Report: 06/06/1995
4. FEI Number: 59-3111817 ☐ 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

9. Name and Address of Current Registered Agent
CULLEN, JOHN F
HC 1, 100 CESSNA DRIVE
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent
81 Name: JOHN F. Cullen
82 Street Address (P.O. Box Number is Not Acceptable): 7010 HWY C30
83
84 City: PORT ST JOE FL 85 Zip Code: 32456

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 _____ DATE _____
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CULLEN, JOHN F.	
STREET ADDRESS	~~RT 1 BOX 695~~ ADDRESS CHANGE	
CITY-ST-ZIP	~~PORT ST JOE FL 32456~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CULLEN JOHN F.	☐ Change ☐ Addition
1.2 NAME	7010 HWY C30	
1.3 STREET ADDRESS	PORT ST JOE, FLA 32456	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001930329	☐ Change ☐ Addition
6.2 NAME	-08/23/96--01011--003	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F Cull President AUG 5 1996 904 227-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #