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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996	See His	DIV	ISION OF CO	ORPORATION	ONS		
DOCUI	MENT i	# V12185	5	(7)	V 4315			
FREEM	IARR CON	STRUCTION, INC.	,					
Principal Place of Business			Mailing Addre					
828 JERRYSMITH ROAD			820 JERRYSI	828 JERRYSMITH ROAD				
DOVER FL 30			DOVER FL 3					
							3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal Pl	and of Rusings	^	To Malling Ad	4			02/06/1992	07/31/1995
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite. Apt. #, etc				59-3107399	Not Applicable \$8.75 Additional
22			27				5. Certificate of Status Desired	Fee Required
City & State	е		City & State				6. Election Campaign Financing	55.00 May Be
23 Zip		Country	28 Zip	———т	Country		Trust Fund Contribution	Added to Fees
24	2	—n ´	29	3	Country		8. This corporation has liability to Florida Statutes	r intangible tax under si 199.032, es 💢 No
	9. Name a	nd Address of Current			L		10. Name and Address of New	
					81	Name		
	N, JOHN T.				82	Street	Address (P.O. Box Number is Not Accepte	able)
828 JERRY SMITH RD. DOVER FL 33527								
•					84	City		85 Zip Code
11. Pursuant t	to the provision	s of Sections 607,0502	and 607.1508. Flor	ida Statutes,	the above n	amed co	orporation submits this statement for the p	Uruose of changing its registered office.
or registeri familiar wit	ed agent, or bo th, and accept	oth, in the State of Florid. the obligations of, Section	a. Such change wa on 607,0505, Florid	is authorized t a Statutes.	by the corpo	ration's	orporation submits this statement for the p beard of directors. Thereby accept the ap	pointment as registered agent. I am
SIGNATURE								
12.	Signature, type,diour	OFFICERS AND		NOTE F	13.	Signative r	ADDITIONS/CHANGES TO DE	FICERS AND DIRECTORS IN 12
TITLE	D	0111021107732	DIE	ELETE	1 1 HILE		ADDITIONS/GRANGES TO OF	Change Addition
NAME	FREEMAN	, JOHN T.	-		1.2 NAME			
STREET ADDRESS	· ·					ADDRESS	1000018	ጠነግሮኒ ተ
CITY - ST - ZIP	DOVER FL	L			14 C:Tr -ST	- Z ₁ F	1000018 -04/29/3601	125039
TITLE	D		☐ DE	LETE	2 1 Title		***200.00	Change Addition
NAME STREET ADDRESS	MARRA, M				2.2 NAME			
CITY - ST - ZIP	DOVER FL	YSMITH ROAD			2 3 STREET /			
TITLE	DOVENTE	·	DE	LETE	24 CITY ST 3 1 TITLE	- ZIF	D	Change Addition
NAME					3.2 NAME		PARERT E RIC	2416
STREET ADDRESS					33 STREET	ADDRESS		th Ro
CITY - ST - ZIP			T		3.4 CITY - S ³		Dovan FL 33	527
THILE			DE	LETE	4 131/LE			Change Addition
NAME PTREET ADDRESS					4.2 NAME			
STREET ADDRESS CITY-ST-ZIP					4.3 STREET A			
TITLE				IFTF	44 CITY-SI 5 1 FILE	- 2112		Criange C Addition
NAME					5 2 NAME	Ì		Criange Addition
STREET ADDRESS					53 STREET A	DDRESS		
CITY-ST-ZIP					5.4 GITY - ST			9
TITLE			☐ DE	LETE	Z 1 TITLE			Change Addition
I					6) TITLE			C ouglige C variety
NAME					6.2 NAME			- Additional Additiona
NAME STREET ADDRESS City-St-Zip						.DDRESS		E-7

certify that the information indicated on this annual report or supplier onto and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes I further certify that the information indicated on this annual report or supplier onto 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 exerciser 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, or on an attachment with an address

SIGNATURE: OLD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/94 813 661 8665