

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

**APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V22685** (4)
1. Corporation Name
ROBERT GAY CONSTRUCTION CO.

Principal Place of Business Mailing Address
POST OFFICE BOX 56019 JACKSONVILLE FL 32241 **POST OFFICE BOX 56019 JACKSONVILLE FL 32241**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **ONE INDEPENDENT DR-STE 2301 JACKSONVILLE, FL** **ONE INDEPENDENT DR-STE 2301 JACKSONVILLE, FL**
City & State City & State
23 **JACKSONVILLE, FL** **JACKSONVILLE, FL**
Zip Country Zip Country
24 **32202** 25 **U.S.A.** 29 **32202** 30 **U.S.A.**

3. Date Incorporated or Qualified **03/19/1992** 3a. Date of Last Report **08/01/1994**
4. FEI Number **59-3112689** 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
FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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, Name and Address of registered agent and title of applicant) (NOTE: Registered Agent signature required upon reinstatement)

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GAY, ROBERT B. JR.
STREET ADDRESS	ONE INDEPENDENT DR., STE. 2301
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, if completed, or on an attachment with an address.

SIGNATURE: **ROBERT B. GAY JR** **2/24/95** **904-26A-0499**
(Signature) (Date) (Office Use)