

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29964 (6)

1. Corporation Name

NORTON AND SONS CONSTRUCTION CO.

Principal Place of Business

2079 NE 43RD ST.
OCALA FL 32670

Mailing Address

2079 NE 43RD ST.
OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3128109

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTON, GLENN R.
2079 NE 43RD ST.
OCALA FL 32670**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DIXON, STEVEN L.
STREET ADDRESS	2920 SE 53RD CT, APT C
CITY - ST - ZIP	OCALA FL
TITLE	VP
NAME	NORTON, RICHARD
STREET ADDRESS	2079 NE 43RD ST.
CITY - ST - ZIP	OCALA FL
TITLE	ST
NAME	JOHNSTON, STEVE
STREET ADDRESS	724 SE 18TH ST.
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	NORTON, GLENN R.
STREET ADDRESS	2079 NE 43RD ST.
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6305 Pecan Course
1.4 CITY - ST - ZIP	OCALA, FL 34472
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	611 NE 35th Loop
2.4 CITY - ST - ZIP	OCALA, FL 34479
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Norton, Todd
3.3 STREET ADDRESS	2425 SW 3rd Ave #70
3.4 CITY - ST - ZIP	OCALA, FL 34474
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	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn R. Norton* **Glenn R. Norton**

4-24-95
Date

904-629-3830
Daytime Phone #