

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37073 (6)

1. Corporation Name

SOUTHERN CROSS ENGINEERING, INC.

Previous Name of Corporation

Former Address

**680 EAST MAIN STREET
BARTOW FL 33830**

**680 EAST MAIN STREET
BARTOW FL 33830**

(See Instructions to Filers, PAGE 1)

9. Date for Extension of Report	3a. Date of Last Report
05/15/1992	06/20/1994
4. FID Number	Applied For Not Applicable
59-3140797	
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. Does corporation have liability for contribution under ch. 189.04, Florida Statutes	☐ Yes ☒ No

2. Director/Officer/Shareholder	2a. Marital Status
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALIBURY, JAMI L.
680 EAST MAIN STREET
BARTOW FL 33830**

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 189.04, 189.05, and 607.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 the new registered office. Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Shareholder)

(Signature of New Registered Agent or Officer/Shareholder)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	D SALSBURY, JAMI L. 760 BARTOW BLVD. BARTOW FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D MUNSON, WILLIAM E. 760 BARTOW BLVD. BARTOW FL	CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct, and does not qualify for the exceptions stated in Sections 189.04, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if I were the person who actually prepared the report on behalf of the corporation or the person or persons authorized to execute the report as required by Chapter 189, Florida Statutes, and that my name appears in Section 189.04, Florida Statutes, or on any other filing with an address.

SIGNATURE:

W E Munson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. E. MUNSON

5-1 -95 813533 3303