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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation		# V6001	9	(9)							
		STRUCTION INC.		•							
Principal Place	of Business		Mailing	failing Address					şii qişii şişii	A MININ DIRIK ADDA	
P O BOX 1880 DESTIN FL 32540			P O BOX 1880 Destin Fl 32540								
								3. Date Incorporated or Qualified	3a. Dat	e of Last Ri	eport
A Reincipal Dia	oo of Puning		2a. Mailing Address				08/25/1992 4. FET Number)5/01/19		
2. Principal Pla	ace of Dusine	258	28. Mailing Address				59-3143849			Applied For Not Applicable	
Suite, Apt. a	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	7		5 Additional
22			27					. 🕯	EX)		Required
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution			0 May Be of to Fees
Ζφ 24		Country 25	Ζ _I ρ		Country 30	У		8. This corporation has liability for Elorida Statutes Yes	r intang ble t s □ No	ax under s	199.032,
	9, Name	and Address of Curren		i Agent	[30]			10. Name and Address of New		Agent	
					81	Nar	ne				
HENDERSON, TIMOTHY L.					82	82 Street Ad		ess (P.O. Box Number is Not Accepta	ble)		
118-B PALMETTO DR DESTIN FL 32541							=				
2201,111	0									85 Zır	p Code
11. Pursuant t	o the provisi	ons of Sections 607 0502	and 607 150	18 Florida Statut	es the above	namec	Coornors	ition submits this statement for the n	roose of ch	anging its r	registered office
or register	ed agent, or th. and accer	both, in the State of Floridate the obligations of Sect	da. Such char on 607.0505	nge was authoriz	red by the con	oratio	n's board	ition submits this statement for the prid of directors. Thereby accept the ap.	pointment as	registered	l agent. I am
SIGNATURE 7			•	Timoth	$\mathcal{H} \perp \mathcal{V}$	en!	೫ಚಾ	\rightarrow	3/19	196	
12.	Signature, type:	or printed harve of registered agent OFFICERS AND			DIE Rogistere (Ag-	ani sagi tabi	ител темприя чесТ	wherementatings ADDITIONS/CHANGES TO OF	DAVE		7ES IN 12
THLE	D	3,1102.107.11	S BIII LOTOI	DELETE	1.1711.6		1	ABDITIONS GIVINGES TO GI			Addition
NAME	HENDE	rson, timothy L.			1.2 NAME	1.3 STREET ADDRESS					
STREET ADDRESS		PALMETTO DR									
CITY-ST-ZIP TITLE	DESTIN	I FL		[] DELETE	1.4 CITY -	S1-7IP				Change	☐ Addition
NAME					2 2 NAME				ı	Crange	
STREET ADDRESS					2.3.51855	LADDRE:	58				
CITY-ST-ZIP				2		2 4 C(1) Y - S1 - Z(F)					
TITLE				DELETE	3 1 TILLE			The second secon	1	Change	☐ Addition
NAME					3 2 NAME						
STREET ADDRESS					3.3 STREE		S5				
CITY-S1-ZIP				DELETE	3 4 CITY					7 ()	F7 244 Van
1ITLE NAME					4. 1 T(1LE				l	Change	Addition
STREET ADDRESS					4.2 NAME 4.3 STREE	T ADDDES	.e				
CITY-ST-ZIP					4.4 CITY -		1.0				
TITLE				DELETE	5 1 Till 6					Change	Addition
NAME					5.2 NAME				·		
STREET ADDRESS					5.3 STHEE	T ADDRES	SS				
CITY-\$1-ZIP		MARKET WE HAVE TO COME AND			5.4 CrTY - :	ST-7IP					
TITLE				☐ DELETE	6 1 TITLE				-	Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					63STHEE		SS				
CITY-ST-ZIP	v certify that	the information supplied s	with this filing	is voluntarily fun	64 CHY-:			r the exemption stated in Section 119	0.07(3i/ki Eli	orida Ŝtatut	tes. I further

roo hereby early that the information supplies with this bing is voluntary turnished and does not guary for the examption sates in Section 1.19.07, plants a fund occurring that the information indicated on this annual report is true and accurate and that my signature shall trave the same 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 a statechment with an address.

SIGNATURE:

SIGNATURE LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LHEWDERSON 3/19/96 904-654-9696