

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427107

Entity Name: CULLISON-WRIGHT CONSTRUCTION CORP**Current Principal Place of Business:**112 N E 12TH ST
OCALA, FL 34470**Current Mailing Address:**112 N E 12TH ST
OCALA, FL 34470**FEI Number:** 59-1441025**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CULLISON, JERRY B.
112 NE 12TH ST.
OCALA, FL 34470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	CULLISON, JERRY
Address	1403 SE FT KING ST
City-State-Zip:	OCALA FL 34471

Title	D
Name	SIMONS, GARY C
Address	121 NW 3 ST
City-State-Zip:	OCALA FL 34475

Title	DV
Name	MANSFIELD, BARRY
Address	2875 SE 34 ST
City-State-Zip:	OCALA FL 34471

Title	S
Name	MANSFIELD, SANDRA
Address	2875 SE 34 ST
City-State-Zip:	OCALA FL 34471

Title	DPT
Name	CULLISON, SARA
Address	2800 NW 44 AVE
City-State-Zip:	OCALA FL 34482

Title	D
Name	CULLISON, VIRGINA
Address	1403 SE FORT KING ST
City-State-Zip:	OCALA FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARA V. CULLISON**PRESIDENT****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date