

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:21

DOCUMENT # **F06067 (5)**

1. Corporation Name
FAULKNER & SONS, INC.

Principal Place of Business Mailing Address
**12570 ROSELAND RD.
P.O. BOX 781437
SEBASTIAN FL 32978** **12570 ROSELAND RD.
P.O. BOX 781437
SEBASTIAN FL 32978**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/19/1980 **01/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2059528		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under C. 100.030, Florida Statutes	
23		28		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent

**FAULKNER, GARY A
12570 ROSELAND RD.
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P. O. Box Number is Not Acceptable)
83	
84	City
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 constituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, GARY A	12. NAME	
STREET ADDRESS	12570 ROSELAND RD.	13. STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL	14. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, TRACY L.	22. NAME	
STREET ADDRESS	12570 ROSELAND RD.	23. STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL	24. CITY, ST, ZIP	
TITLE	V	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, ALLEN H	32. NAME	
STREET ADDRESS	333 SW ORANGE AVE	33. STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL	34. CITY, ST, ZIP	
TITLE	M	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, BRANDON A.	42. NAME	
STREET ADDRESS	12570 ROSELAND RD.	43. STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 119.07(9)(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 the 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: *Tracy Faulkner* **TRACY FAULKNER** 4/10/95 (407) 388-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number