

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **403089** (6)
1. Corporation Name
CENTRAL CONSTRUCTION CORPORATION



Principal Place of Business: **1431 7TH ST. SAWANEE AVE SOUTHPORT FL 32409 US**
Mailing Address: **P O BOX 8337 SAWANEE AVE SOUTHPORT FL 32409-8337**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified: **06/14/1972**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1412959**
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

9. Name and Address of Current Registered Agent

**NEWELL, JESSE A.
CORNER BAKER & 7TH STREET
SOUTHPORT FL 32409**

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 607.1509, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	NEWELL, JESSE A	
12.3 STREET ADDRESS	1431 7TH STREET, P.O. BOX 8337	
12.4 CITY-STATE-ZIP	SOUTHPORT FL	
12.5 TITLE	DS	<input type="checkbox"/> DELETE
12.6 NAME	NEWELL, KATHRYN	
12.7 STREET ADDRESS	1431 7TH STREET, P.O. BOX 8337	
12.8 CITY-STATE-ZIP	SOUTHPORT FL	
12.9 TITLE	V	<input type="checkbox"/> DELETE
12.10 NAME	NEWELL, KENNETH	
12.11 STREET ADDRESS	9832 MORAR ROAD	
12.12 CITY-STATE-ZIP	SOUTHPORT FL	
12.13 TITLE	V	<input type="checkbox"/> DELETE
12.14 NAME	NEWELL, JEFFERY A.	
12.15 STREET ADDRESS	7608 HWY 2302	
12.16 CITY-STATE-ZIP	SOUTHPORT FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-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(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *Kathryn Newell* **DS**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathryn Newell
4-10-96 904-265-5133

CR2E034 (12/95)