

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 638906 (8)
1. Corporation Name
SOUTHWEST FLORIDA CONSTRUCTION, INC.



Principal Place of Business
2124 SUNNYDALE BLVD
SUITE B
CLEARWATER FL 34625
US

Mailing Address
2124 SUNNYDALE BLVD
BOX 3
CLEARWATER FL 34625
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/08/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1939347	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GIES, JAMES M 1939 DUNLOE CIRCLE DUNEDIN FL 34639				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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P			1.1 TITLE			
NAME	GIES, JAMES M.			1.2 NAME			
STREET ADDRESS	1939 DUNLOE CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERT, WILLIAM, III			2.2 NAME			
STREET ADDRESS	9595 117TH ST N			2.3 STREET ADDRESS	1201 BAYSHORE BLVD		
CITY-ST-ZIP	SEMINOLE FL			2.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		
TITLE	N	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				3.2 NAME	M JAMES GIES		
STREET ADDRESS				3.3 STREET ADDRESS	1939 DUNLOE CIR		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	DUNEDIN FL 34639		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME	000002477710		
STREET ADDRESS				4.3 STREET ADDRESS	-04/03/98--01015--010		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	***150.00		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	000002477710		
STREET ADDRESS				6.3 STREET ADDRESS	-04/03/98--01015--011		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***8.75		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

[Signature]

3-20-98

CR2E034 (10/97)