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Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-11-1999 90032 039 ****150.00

DOCUMENT # J54678

1. Corporation Name
GARY FRITZ CONTRACTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3318 RUTLAND LOOP, P O BOX 4247, TALLAHASSEE FL 32312 US
Mailing Address: P. O. BOX 4247, P O BOX 4247, TALLAHASSEE FL 32315 US

3. Date Incorporated or Qualified: 02/02/1987
4. FEI Number: 59-2757724
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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent
FRITZ, GARY
3318 RUTLAND LOOP
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Table with 5 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Entries include Gary Fritz, Martha J. Pease, M. Lee Spivey, and Terrance McConnell.

Table with 4 columns for Additions/Changes to Officers and Directors. Columns: 1.1-1.4 (Title, Name, Street Address, City-St-Zip) and 2.1-2.4 (Title, Name, Street Address, City-St-Zip). Includes checkboxes for Change and Addition.

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, with all other like empowered.

SIGNATURE: *Gary Fritz* 1-26-99 (850)222-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/6 Phone #

CR2E034 (11/98)