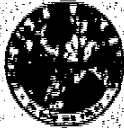


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 27 AM 7:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J64714** (5)

1. Corporation Name  
**MID-FLORIDA CONSTRUCTION CO., INC.**

Principal Place of Business <b>16500 SW WARFIELD BLVD. P.O. BOX 1 INDIANTOWN FL 34956-7001</b>	Mailing Address <b>16500 SW WARFIELD BLVD. P.O. BOX 1 INDIANTOWN FL 34956-7001</b>
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/25/1987</b>	3a. Date of Last Report <b>03/11/1994</b>
4. FBI Number <b>59-2789760</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.020, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>WALL, HARRIS H. 16500 SW PALOMINO INDIANTOWN FL 34956</b>	10. Name and Address of New Registered Agent 81 Name <b>IRIS WALL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>16500 SW PALOMINO</b> 83 84 City <b>INDIANTOWN</b> 85 Zip Code <b>FL 34956</b>
---	--

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 *Irish Wall* **IRIS WALL** DATE **4/14/95**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, HARRIS H.	1.2 NAME	WALL, IRIS
STREET ADDRESS	16500 SW PALOMINO	1.3 STREET ADDRESS	16500 SW PALOMINO
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, IRIS	2.2 NAME	
STREET ADDRESS	16500 SW PALOMINO	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, CAROLYN W.	3.2 NAME	
STREET ADDRESS	16200 SW MAPLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(3)(b), 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: *Carolyn W. Lawrence* **CAROLYN W. LAWRENCE** DATE **4/14/95** TELEPHONE **407-597-3506**  
Signature and typed or printed name of signing officer or director