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

APPROVED AND FILED

[illegible] 1 AM 1:24

[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55775** **(5)**

1. Corporation Name
BAY AREA CONSTRUCTION SERVICES, INC.

Principal Place of Business
3812 GUNN HIGHWAY
C/O RONALD T. WILHITE
TAMPA FL 33624-1757

Mailing Address
3812 GUNN HIGHWAY
C/O RONALD T. WILHITE
TAMPA FL 33624-1757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2996193** [ ] Applied For [ ] Not Applicable

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 assets or income as defined in s. 199.032 Florida Statutes* [X] Yes [ ] No

9. Name and Address of Current Registered Agent
WILHITE, RONALD T.
3812 GUNN HIGHWAY
TAMPA 33624-1757

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 the 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
[illegible]

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WILHITE, RONALD T.
STREET ADDRESS	3812 GUNN HWY.
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	WILHITE, RONALD T.
STREET ADDRESS	3812 GUNN HWY.
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report for business entities listed above does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I certify that the information indicated on this 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 above with an office title or addition with an address.

SIGNATURE: [signature] RONALD T. WILHITE 4-27-95 813-960-5090
DIRECTOR, OFFICER OR AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000046 CP