FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L84464** (1)

1. Corporation Name
CONTRACTORS INDUSTRIAL CHOICE, INC.

Principal Place of Business	Mailing Address
3800 N. DAVIS HWY PENSACOLA FL 32503	PO BOX 9397 PENSACOLA FL 32513-9397 US

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 02/20/1996

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

4. FEI Number: 59-3016175 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWISHER, JOHN E.
2950 5TH AVE. N.
ST. PETERSBURG FL 33713

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	PARSONS, BRENDA D.		1.2 NAME	DEMOSS, LANA R.	
STREET ADDRESS	7705 KIPLING PLACE C		1.3 STREET ADDRESS	7705 KIPLING PLACE C	
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMOSS, MARK D		2.2 NAME		
STREET ADDRESS	725 ARTILLERY RANGE P.O. BOX 7557		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPANISH FT. AL 36527		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, H. M		3.2 NAME		
STREET ADDRESS	3781 PLANTERS CREEK CIR EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, BRENDA D		4.2 NAME		
STREET ADDRESS	7705 KIPLING PLACE C		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, H. M		5.2 NAME		
STREET ADDRESS	3781 PLANTERS CREEK CIR EAST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

MARCH 10, 1997

SIGNATURE: Brenda D Parsons BRENDA D. PARSONS, PRES. 904 432-0200