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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84464

(1)

CONTRACTORS INDUSTRIAL CHOICE, INC.

Mailing Address
PO BOX 9397
PENSACOLA FL 32513-9397

FILED Feb 16 1998 8:00am Secretary of State



3800 N. DAVIS HWY PENSACOLA FL 32503		PO BOX 9397 PENSACOLA FL 32513-9397 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					06/29/1990		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-3016175	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Z IP	Country	Zip	Zip Count		8. This corporation owes or has paid the cur		
24	25	29	1=-1		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent B1 Name			
SWISHER, JOHN E.				Name			
2950 5TH AVE. N.			82	Street	Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33713				1			
			8:	3			
			84	1	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	/e-named	corporation submits this statement for the purpose of	changing its registered	
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.							
	and descriptions with a description costs	galloni (v. choton con tooo)	ioned blaton				
SIGNATURE	Signature, typed or printed name of registered a	gent and title d applicable (NO	TE: Frog-stered A	ent signature	required when reinstating) DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	X DELETE	1.1 TITLE		PD	Change Addition	
NAME	PARSONS, BRENDA D.		1.2 NAME		PARSONS, BRENDA D.		
STREET ADDRESS	7705 KIPLING PLACE C		1.3 STREE	T ADDRESS	P.O. BOX 9882 N/A		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-	ST-ZIP	PENSACOLA, FL 32513-98	82	
TITLE	V	DELETE	2.1 TITLE		VD	Change Addition	
NAME	DEMOSS, MARK D		2.2 NAME		DE MOSS, MARK D.		
STREET ADDRESS	DRESS 725 ARTILLERY RANGE, P.O BOX 7557			T ADDRESS	7705 KIPLING PLACE C		
CITY-ST-ZIP	SPANISH FT. AL		2. 4 CITY	ST-ZIP	PENSACOLA, FL 32514		
TITLE	S	XX DELETE	3.1 TITLE		S	Change	
NAME	PARSONS, H. M		3.2 NAME		PARSONS, H. MAXWELL		
STREET ADDRESS				T ADDRESS	P.O. BOX 9882 N/	/A	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY	-ST-ZiP	PENSACOLA, FL 32513-98	382	
TITLE	С	∑ DELETE	4.1 TITLE		С	Change Addition	
NAME	PARSONS, BRENDA D		4. 2 NAM	[PARSONS, BRENDA D.		
STREET ADDRESS	7705 KIPLING PLACE C		4.3 STREE	T ADDRESS	P.O. BOX 9882 N/A	l	
CITY-ST-ZIP	PENSACOLA FL		4.4 CHTY-	ST - ZiP	PENSACOLA, FL 32513-98	382	
TITLE	D	DELETE	5.1 TETLE		D	Change Addition	
NAME	PARSONS, H. M		5.2 NAMI		PARSONS, H. MAXWELL P	ARSONS	
STREET ADDRESS	3781 PLANTERS CREEK CIF	R EAST.	5 3 STRE	T ADDRESS	P.O. BOY GRR2 NIII		
CITY - ST - ZIP	JACKSONVILLE FL		5.4 CITY	ST-ZIP	PENSACOLA, FL 32513-9	882	
TITLE		DELETE	61 TITLE		Ð	ChangeAddition	
NAME			6 2 NAMI	:	ĎE MOSS, MARK D.	"	
STREET ADDRESS			63 STRE	T ADDRESS	7705 KIPLING PLACE C		
C/TY-ST-ZIP			6.4 CITY	ST-ZIP	PENSACOLA, FL 32514		

I hereby cortify 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.

CIGNIATIEDE

Sand of Parsons

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CRZE034 (10/97)