

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37419 (9)
 Corporation Name
COLSON & COLSON GENERAL CONTRACTOR, INC.



Principal Place of Business P.O. BOX 14111 ATTN: D. COLSON SALEM OR 97309 US	Mailing Address ATTN: D. COLSON P.O. BOX 14111 SALEM OR 97309 US
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DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified 02/03/1992	Applied For
4 FEI Number 93-0969479	Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	COLSON, HUGH D.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	COLSON, WILLIAM E.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STRINGER, HANNELORE	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRENDEN, NORMAN L.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COLSON, WILLIAM E.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLSON, HUGH D.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Secretary Gregory Tibbat</i>
3.3 STREET ADDRESS	<i>2250 MCGILCHRIST ST. SE</i>
3.4 CITY-ST-ZIP	<i>Salem, OR 97302</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 incorporator 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 in an attachment with an address.

SIGNATURE: *William E. Colson* 1-13-98 (93)8707071 X7209

CR2E034 (10/97)