

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90010 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000035367 ✓

1. Corporation Name
 JOHN ALAN CONSTRUCTION, INC.



Principal Place of Business: 3433 SOUTH WESTMORELAND AVENUE ORLANDO FL 32805
 Mailing Address: P-O BOX 661606 N/A ORLANDO FL 32806-0006
 715 KUH L AVE. ORLANDO, FL. 32801-3713

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 04/21/1997

2. Principal Place of Business: 715 Kuhl Avenue
 2a. Mailing Address: 715 Kuhl Avenue
 21 Suite, Apt. #, etc.:
 22 City & State: Orlando FL
 23 Zip: 32801 Country: U.S.
 24 25 26 27 28 29 30

4. FEI Number: 59-3440875 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: THRAILKILL, JOHN A 3433 SOUTH WESTMORELAND AVENUE ORLANDO FL 32805
 10. Name and Address of New Registered Agent: THRAILKILL, JOHN A. 715 KUH L AVE. ORLANDO FL 32801

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: PVST	NAME: THRAILKILL, JOHN A	1.1 TITLE: PVST	1.2 NAME: THRAILKILL, JOHN A.
STREET ADDRESS: 3433 SOUTH WESTMORELAND AVENUE	CITY-ST-ZIP: ORLANDO FL 32805	1.3 STREET ADDRESS: 715 KUH L AVE.	1.4 CITY-ST-ZIP: ORLANDO, FL 32801-3713
TITLE: D	NAME: THRAILKILL, JOHN A	2.1 TITLE: D	2.2 NAME: THRAILKILL, JOHN A.
STREET ADDRESS: 3433 SOUTH WESTMORELAND AVENUE	CITY-ST-ZIP: ORLANDO FL 32805	2.3 STREET ADDRESS: 715 KUH L AVE.	2.4 CITY-ST-ZIP: ORLANDO, FL 32801-3713
TITLE: [] DELETE	NAME: [] DELETE	3.1 TITLE: [] Change [] Addition	3.2 NAME: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	4.1 TITLE: [] Change [] Addition	4.2 NAME: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE: [] Change [] Addition	5.2 NAME: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE: [] Change [] Addition	6.2 NAME: [] Change [] Addition

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 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: John Thrailkill JOHN THRAILKILL 7/9/99 (407) 316-8887

CR2E034 (5/99)