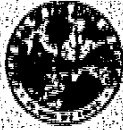


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 9:20

DOCUMENT # **S54160** (4)

1. Corporation Name  
**JAMES BRODERICK CONTRACTING, INC.**

Principal Place of Business      Mailing Address  
**430 ALBANY AVENUE**      **430 ALBANY AVENUE**  
**PORT CHARLOTTE FL 33952**      **PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/20/1991**      **04/05/1994**

2. Principal Place of Business      2a. Mailing Address  
21.      26.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**65-0264379**      Not Applicable

22.      27.  
City & State      City & State

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23.      28.  
Zip      Country      Zip      Country

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

24.      25.      29.      30.

7. This corporation has liability for intangible tax under S. 103.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**BRODERICK, JAMES**  
**430 ALBANY AVENUE**  
**PORT CHARLOTTE FL 33952**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code  
**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **D**  
NAME      **BRODERICK, JAMES**  
STREET ADDRESS      **430 ALBANY AVENUE**  
CITY - ST - ZIP      **PORT CHARLOTTE FL**

1. 1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      **D**  
NAME      **BRODERICK, CAROL MARIE**  
STREET ADDRESS      **430 ALBANY AVENUE**  
CITY - ST - ZIP      **PORT CHARLOTTE FL**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in Block 14 if attached with an addendum.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95      813-6255620  
Date      Expiration