

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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14651 (6)

1. Corporation Name
TOMPKINS PAINTING & GENERAL CONTRACTORS, INC.



Principal Place of Business 4930 N. DAVIS HWY. SUITE A PENSACOLA FL 32503 US	Mailing Address 4930 N. DAVIS HWY. SUITE A PENSACOLA FL 32509-2344 US
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3. Date Incorporated or Qualified 02/12/1992	3a. Date of Last Report 05/22/1996
4. FEI Number 59-3106047	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3516 N. "S" Street Suite, Apt. #, etc.	2a. Mailing Address 26 3516 N. "S" Street Suite, Apt. #, etc.
22 City & State 23 Pensacola, Florida	27 City & State 28 Pensacola, Florida
24 Zip 32505	25 Country Escambia
29 Zip 32505	30 Country Escambia

9. Name and Address of Current Registered Agent

**TOMPKINS, GARY L.
4930 N. DAVIS HWY.
SUITE A
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3516 N. "S" Street
83	
84 City	Pensacola, FL
85 Zip Code	32505

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 _____

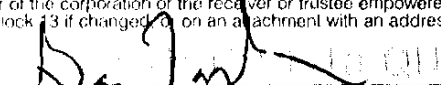
12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOMPKINS, GARY L.	
STREET ADDRESS	4930 N. DAVIS HWY., STE. A	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gary L. Tompkins	
1.3 STREET ADDRESS	3516 N. "S" Street	
1.4 CITY-ST-ZIP	Pensacola, FL 32505	

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 on an attachment with an address

SIGNATURE:  **GARY TOMPKINS**

Date: **4-14-97** Daytime Phone: **904-433-2272**

CR2E034 (9/96)