

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

**FILED**

**Mar 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # 218805 (0)**  
 1. Corporation Name  
**DERRICO CONSTRUCTION CORPORATION**



Principal Place of Business      Mailing Address  
**2225 AVOCADO AVENUE**      **2225 AVOCADO AVENUE**  
**P O BOX 361177**                      **P O BOX 361177**  
**MELBOURNE FL 32936-1177**      **MELBOURNE FL 32936-1177**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/31/1958**                                  **04/16/1996**

4. FEI Number      Applied For  
**59-0858994**                                  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 has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**SEGERSON, ROBERT A.**      81 Name  
**2245 MOCKINGBIRD LANE**      82 Street Address (P.O. Box Number is Not Acceptable)  
**INDIALANTIC FL 32903**      83  
 84 City      FL      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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEAR, DON T.</b>	1.2 NAME	<b>OLSON, JON K.</b>
STREET ADDRESS	<b>327 PROVINCIAL DR</b>	1.3 STREET ADDRESS	<b>323 PROVINCIAL DRIVE</b>
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	1.4 CITY - ST - ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	<b>VDT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, KIM TYREE</b>	2.2 NAME	
STREET ADDRESS	<b>323 PROVINCIAL DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGERSON, R A</b>	3.2 NAME	
STREET ADDRESS	<b>2245 MOCKINGBIRD LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGERSON, E., M</b>	4.2 NAME	
STREET ADDRESS	<b>2245 MOCKINGBIRD LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>INDIALANTIC FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAPLES, THOMAS D II</b>	5.2 NAME	
STREET ADDRESS	<b>3901 DIXIE HWY NE 210</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BAY FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an Attachment with an address.

SIGNATURE: Kim Tyree Olson      02/28/97      407-254-2291  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Florida #

CR2E034 (9/96)