

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90208 039 ***150.00

0118615

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 218805

1. Corporation Name
DERRICO CONSTRUCTION CORPORATION



Principal Place of Business 2225 AVOCADO AVENUE P O BOX 361177 MELBOURNE FL 32936-8177	Mailing Address 2225 AVOCADO AVENUE P O BOX 361177 MELBOURNE FL 32936-8177
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1958
4. FEI Number 59-0858994
Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent
SEGERSON, ROBERT A.
2245 MOCKINGBIRD LANE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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

TITLE	SD - BEAR, DON T.	<input type="checkbox"/> DELETE
NAME	327 PROVINCIAL DR	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE	VDT OLSON, KIM TYREE	<input type="checkbox"/> DELETE
NAME	323 PROVINCIAL DR.	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE	PD SEGERSON, R A	<input type="checkbox"/> DELETE
NAME	2245 MOCKINGBIRD LANE	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE	D SEGERSON, E., M	<input type="checkbox"/> DELETE
NAME	2245 MOCKINGBIRD LANE	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE	AVP OLSON, JON	<input type="checkbox"/> DELETE
NAME	323 PROVINCIAL DR	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	Vice President <input checked="" 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 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, with all other like empowered.

SIGNATURE: *Kim Tyree Olson* 4/28/99 407-254-2291
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)