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Apr 07 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 # 227061 (9)
1. Corporation Name
BEACON CONTRACTING GROUP, INCORPORATED



Principal Place of Business: 5905 MACY ST. P O BOX 8664 JACKSONVILLE, FLORIDA 32211
Mailing Address: 5905 MACY ST. P O BOX 8664 JACKSONVILLE, FLORIDA 32211-5344

3. Date Incorporated or Qualified: 06/15/1959
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-0881828
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 5905 MACY AVE. Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24 25
2a. Mailing Address: 26 5905 MACY AVE. Suite, Apt. #, etc.:
27 City & State:
28 29 Zip: Country:
30

9. Name and Address of Current Registered Agent
MULLINS, ROY L JR
5905 MACY ST.
JACKSONVILLE, FLORIDA FL 32211

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: PT NAME: MULLINS, ROY L. JR. STREET ADDRESS: 12514 MASTERS RIDGE DR. CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: V NAME: TAYLOR, CHARLES L STREET ADDRESS: 9482 WEXFORD RD CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: V NAME: MULLINS, MICHAEL D STREET ADDRESS: 7925 MERRILL RD, 1214 CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: S NAME: HADDOCK, MARLENE STREET ADDRESS: 13 BONITA DR CITY - ST - ZIP: PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE
TITLE: VT NAME: NANCY D MULLINS STREET ADDRESS: 5905 MACY AVE CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PTD 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY - ST - ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: VD 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY - ST - ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: VTD 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY - ST - ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D 6.2 NAME: JULIENNE D. MULLINS 6.3 STREET ADDRESS: 12514 MASTERS RIDGE DR. 6.4 CITY - ST - ZIP: JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Date: 3/31/97

CR2E034 (9/96)