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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUN		38 (3)			
	E CONSTRUCTION SYSTEI	MS, INC.			
Principal Place	of Business	Mailing Address		- I TOBLIE (1983 BIBII BAIDT 19169 IRIDI 1881 QUQI	i Binsi didir gadil əfəli dibis 1981
3038 N WALDO RD GAINESVILLE FL 32609		3038 N WALDO RD GAINESVILLE FL 32609			
				3. Date Incorporated or Qualified 3a. Date 10/04/1960	te of Last Report 01/18/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0908798	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oty & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ.	Country 25	Zip 29	Gountry 30	8. This corporation has liability for intangible the Florida Statutes Yes No	
9, Name and Address of Current Registered Agent			[30]	10. Name and Address of New Registered	Agent
			81 Name		
PETTENGILL, JAMES E 2015 N W 19TH LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	SVILLE FL 32605		83		
			84 City	FL	85 Zip Code
11. Parsuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpora	ation submits this statement for the purpose of ch	pagoing its registered office
ışr register∈ tarnihar witt	ed agent, or both, in the State of Floric h, and accept the obligations of Secti	la. Such change was authorize on 607,0505, Florida Statutes.	od by the corporation is boar	rd of directors. I hereby accept the appointment a	s registered agent. I am
SIGNATURE	Styriature typed or printed name of registered agent.	A TOP SHOW	te Registered Agent signature reduted		
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TILLE	VDS	DELETE	1. 1 TITLE		Change Addition
NAME	BOSTON, JOFFRE T.	1	1.2 NAME		/)
STHEF CACIDRESS OF YEST ZIP	1733 NW 39TH DRIVE GAINESVILLE FL		1.3 STREET ADDRESS	710	32605
Tiruf	PD PD	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	<u> </u>	Change Addition
NAME	PETTENGILL, JAMES E.		2 2 NAME		
STHELL ADJURESS	2015 N W 19TH LANE		2 3 STREET ADDRESS	710	: 32605
Crty-St-ZiP	GAINESVILLE, FL 00000 24 DITY-ST-ZIP			Z1P	
HOLE NAME		☐ DELETE	3. 1 TITLE 3.2 NAME		Change Addition
STREET ACCRESS			3.3 STREET ADDRESS		
CHY ST ZIF			3 4 CITY-ST-ZIP	4000017465 -03/18/9601036	44
fu.F		☐ DELETE	4.1 TITLE	-03/18/9601036	Change Addition
NAME			4.2 NAME	***200.00	
STREET ACORESS			4.3 STREET ADDRESS		
GE YESTEZIP TITUE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAMi		[] beech	5 2 NAME		E orange E Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST ZIF			5 4 CITY - ST - ZIP		
Bist		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STEEFT ADDRESS		/	6.3 STREET ADDRESS		
CITY-SF-ZIF	continue that the information should	with this district is voluntarily free	6 4 CiTY-ST-ZIP	or the everyphon stated in Section 110.07/99/A	Inrida Statutos I further
certify that	the information indicated or the annu- ant an office or director of the socio-	al report is supplemental annuration of the esceiver or trusted	al report is true and accura- e empowered to execute this	or the exemption stated in Section 119.07(3)(k), Fi te and that my signature shall have the same lega s report as required by Chapter 607, Florida Statu	i effect as if made under utes; and that my name

SIGNING OFFICER OR DIRECTOR

1/19/96 (352)376-2215