

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

CORPORATION
ANNUAL REPORT

~~1994~~ 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 1:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ATLAS CONSTRUCTION OF WEST PALM BEACH INC.

DOCUMENT #
464549 (5)

Mailing Address: **1364 GABRINO RD - PO BOX 6000 HOBE SOUND FL 33475**
Principal Place of Business: **1355 GABRINO RD - PO BOX 6000 - HOBE SOUND FL 33475**

800001492838
-05/18/95--01004--025
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1974**
3a. Date of Last Report: **06/25/1993**

2. Mailing Address:
21 **PO Box 521**
22 **Margaretville N.C.**
23 **NC**
24 **28680**

2a. Principal Place of Business:
26 **10443 Summer Rd**
27 **Douglas**
28 **NC**
29 **28619**

4. FEI Number: **59-1612739**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit Exempt from \$138.75 Supplemental Fee:
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GOODMAN, CLYDE RAY
6166 OAKMOUNT PL
STUART FL 34997**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P O Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Clyde Ray Goodman
Registered Agent (Required) (Type or Print Name of Registered Agent separately upon each re-appointment)

12. OFFICERS AND DIRECTORS

11 TITLE	P
12 NAME	GOODMAN, CLYDE R
13 STREET ADDRESS	4545 W 45TH ST
14 CITY ST ZIP	WEST PALM BCH, FL 00000
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	20A
63 STREET ADDRESS	5-1-95
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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. I have fulfilled all obligations (except unpaid property taxes) imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee appointed to conduct the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clyde Ray Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Per 704 433-5771