

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

DOCUMENT # 464835 (8)

1. Corporation Name
H. BRATTLOF CONSTRUCTION CO., INC.



Principal Place of Business: 5 FLA. PARK DRIVE, P O BOX 351429, PALM COAST FL 32135-1429
Mailing Address: 5 FLA. PARK DRIVE, P O BOX 351429, PALM COAST FL 32135-1429

3. Date Incorporated or Qualified: 11/12/1974
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-1557642
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 7 FLORIDA PARK DR.
22 SUITE F
23 PALM COAST FL
24 32137
25 USA
2a. Mailing Address
26 P.O. Box 351429
27
28 PALM COAST FL
29 32135-1429
30 USA

9. Name and Address of Current Registered Agent
BLALOCK, HOLBROOK & AKEL, P.A.
INDEPENDENT SQAURE, SUITE 2301
JACKSONVILLE FL 32202

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRATTLOF, HERBERT C	
STREET ADDRESS	9 CAPRI CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	THORNHILL, LESLIE B	
STREET ADDRESS	105 ADDISON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARDNER, NANCY L	
STREET ADDRESS	1004 S FLAGLER AVENUE	
CITY-ST-ZIP	FLGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPST THORNHILL, LESLIE B.
2.3 STREET ADDRESS	4324 OLD A.I.A. SOUTH
2.4 CITY-ST-ZIP	PALM COAST, FL 32137
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 checked="" type="checkbox"/> Addition
4.2 NAME	D THORNHILL, DARRYL L.
4.3 STREET ADDRESS	4324 OLD A.I.A. SOUTH
4.4 CITY-ST-ZIP	PALM COAST, FL 32137
5.1 TITLE	<input 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 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)(k), 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: _____ DATE: 4/12/96 TELEPHONE: 904 445-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)