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Jan 24 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 # 464835 (8)

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



Principal Place of Business
7 FLORIDA PARK DRIVE
F
PALM COAST FL 32137
US

Mailing Address
P.O. BOX 351429
P O BOX 351429
PALM COAST FL 32135-1429
US

3. Date Incorporated or Qualified
11/12/1974

3a. Date of Last Report
04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1557642	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input checked="" type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	BRATTLOF, HERBERT C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9 CAPRI CT		1.3 STREET ADDRESS	
PALM COAST FL 32137		1.4 CITY-ST-ZIP	
VPST	THORNHILL, LESLIE B	2.1 TITLE	2.2 NAME
4324 OLD A.I.A. SOUTH		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PALM COAST FL		2.5 CITY-ST-ZIP	
TD	GARDNER, NANCY L	3.1 TITLE	3.2 NAME
1004 S FLAGLER AVENUE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
FLAGLER BEACH FL 32136		3.5 CITY-ST-ZIP	
D	THORNHILL, DARRYL L	4.1 TITLE	4.2 NAME
4324 OLD A.I.A. SOUTH		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
PALM COAST FL		4.5 CITY-ST-ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		5.5 CITY-ST-ZIP	
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		6.5 CITY-ST-ZIP	

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: *Herbert C. Brattlof* 1/10/97 904 445 3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)