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FILED
Mar 13 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 # 468738 (0)

1. Corporation Name
SEMCO CONSTRUCTION, INC.



Principal Place of Business Mailing Address

**205 CENTURY BLVD.
 P.O. BOX 706
 BARTOW FL 33830**

**205 CENTURY BLVD.
 P.O. BOX 706
 BARTOW FL 33831-0706
 US**

3. Date Incorporated or Qualified: **01/29/1975** 3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-1570067** 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 2b. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**LOCKE, CARL E
 2075 CHEROKEE
 BARTOW FL 33830**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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	DST	<input type="checkbox"/> DELETE
NAME	LOCKE, CARL E. SR.	
STREET ADDRESS	2075 CHEROKEE	
CITY-ST-ZIP	BARTOW FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOCKE, CARL E. JR.	
STREET ADDRESS	216 COLLEGE GROVE.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOENDREE, PATRICIA	
STREET ADDRESS	1977 CAMELOT COURT S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BEASLEY, DANNY	
STREET ADDRESS	7905 WALKER LAKE ROAD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOCKE, SHANE D	
STREET ADDRESS	1934 THOROUGHbred DRIVE	
CITY-ST-ZIP	GOTHA FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: _____ **3/7/97** 941/533-7193

CR2E034 (9/96)