

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 477593 (8)

FRANK E. FLAGG CONSTRUCTION COMPANY, INC..



Principal Place of Business: **251 CARSWELL AVENUE HOLLY HILL FL 32117**
Mailing Address: **251 CARSWELL AVENUE HOLLY HILL FL 32117**

3. Date Incorporated or Qualified: **06/09/1975**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-1596704**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLAGG, FRANK E.
4895 SAILFISH DR
PONCE INLET FL 32127**

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 607.01(9) 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

FD	NAME: PD FLAGG, FRANK	<input type="checkbox"/> DELETE
STREET ADDRESS:	4895 SAILFISH DRIVE	
CITY, STATE, ZIP:	PONCE INLET FL	
TD	NAME: SD T FLAGG, SHERRIE	<input type="checkbox"/> DELETE
STREET ADDRESS:	4895 SAILFISH DRIVE	
CITY, STATE, ZIP:	PONCE INLET FL	
VD	NAME: O'NEAL JR, RAYMOND E.	<input type="checkbox"/> DELETE
STREET ADDRESS:	2010 RED ROBIN DRIVE	
CITY, STATE, ZIP:	DAYTONA BEACH FL	
TD	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY, STATE, ZIP:		
TD	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY, STATE, ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME:	Sonya Stonitsch	
13 STREET ADDRESS:	71 Golden Gate Circle	
14 CITY, STATE, ZIP:	Port Orange, Florida 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE:		
22 NAME:		
23 STREET ADDRESS:		
24 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE:		
32 NAME:		
33 STREET ADDRESS:		
34 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE:		
42 NAME:		
43 STREET ADDRESS:		
44 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE:		
52 NAME:		
53 STREET ADDRESS:		
54 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE:		
62 NAME:		
63 STREET ADDRESS:		
64 CITY, STATE, ZIP:		

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 of this form as an attachment with an address.

SIGNATURE: **FRANK E. FLAGG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (904)258-0579

CR2EP (12/95)