

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 # 483633 (4)
1. Corporation Name
SPECIALTY CONSTRUCTORS, INC.



Principal Place of Business: **111 RIVERSIDE AVE. JACKSONVILLE FL 32202-4950**
Mailing Address: **111 RIVERSIDE AVE. JACKSONVILLE FL 32202-4950**

3. Date Incorporated or Qualified: **08/29/1975**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1618747	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**VANDERGRIFF, C. EDWARD
1950 LARGO PLACE
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	S <input type="checkbox"/> DELETE
NAME	VANDERGRIFF, C. EDWARD
STREET ADDRESS	111 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	HASKELL, PRESTON H
STREET ADDRESS	111 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	PAYLOR, LARRY E.
STREET ADDRESS	111 RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 0
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	OSTERMAN JR, PETER R
STREET ADDRESS	111 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE FL
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 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 checked="" type="checkbox"/> Addition
4.2 NAME	V Mullinix Jr, Edward
4.3 STREET ADDRESS	111 Riverside Avenue
4.4 CITY-ST-ZIP	Jacksonville, FL 32202
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: *Edward W. Mullinix, Jr.* **4/23/96 (904) 791-4500**
Date Daytime Phone #
Edward W. Mullinix, Jr. Vice President

CR2E034 (12/95)