

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Manjarin
Secretary of State
CORPORATION

APPROVED
FILED

MAY 11 10:03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **488402** (9)

~~FEDERAL CONSTRUCTION CO.~~
TRAFALGAR HOUSE CONSTRUCTION, INC.

Principal Place of Business: 1355 SNELL ISLE BLVD NE SUITE 200 ST. PETERSBURG FL 33704
Mailing Address: 1355 SNELL ISLE BLVD NE SUITE 200 ST. PETERSBURG FL 33704

2. Principal Place of Business: 21 4950 W. KENNEDY BLVD, State: FL, City: TAMPA, ZIP: 33609, USA
2a. Mailing Address: 26 4950 W. KENNEDY BLVD, State: FL, City: TAMPA, ZIP: 33609, USA

3. Date incorporated or qualified: 10/27/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1630749
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has authority for multiple fee filings: Yes No

9. Name and Address of Current Registered Agent: WILSON, JON M FOLEY AND LARDNER 111 N ORANGE AVE, STE 1800 ORLANDO FL 32801
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number, Not Applicable), 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.01(3)(b) and 607.01(3)(c) of the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(3)(b) Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: MYERS, BARRY	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL 33704	NAME: C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JENNINGS, ROGER D	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL 33704	NAME: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOYKIN, EDWARD L	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL 33704	NAME: V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COOMBE, ALAN C	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL	NAME: V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHAMBERS, KENNETH W	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL 33704	NAME: V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUCKLEY, CHARLES	ADDRESS: 1355 SNELL ISLE BLVD, N.E ST. PETERSBURGH FL 33704	NAME: V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my report will have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13, changed or new appointment with an address.
SIGNATURE: *Alan Coombe* ALAN C. COOMBE 5/4/95 (813) 382-7100
DIRECTOR