

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **488402** (9)

96 MAY 10 PM 1:47

1. Corporation Name
TRAFALGAR HOUSE CONSTRUCTION, INC.



Principal Place of Business: **4950 W KENNEDY BLVD STE 600 TAMPA FL 33609 US**
Mailing Address: **4950 W KENNEDY BLVD STE 600 TAMPA FL 33609 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields.

3. Date Incorporated or Qualified: **10/27/1975**
3a. Date of Last Report: **05/11/1995**
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**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: 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: **C.T. Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83 City: **Plantation** FL 85 Zip Code: **33324**

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: *Lisa K. Pastor* **Lisa K. Pastor, Asst. Secy.** 5/6/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, BARRY	
STREET ADDRESS	4950 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MACALONE, DOMENIC A	
STREET ADDRESS	4950 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAKARY, MARY K	
STREET ADDRESS	4951 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COOMBE, ALAN C	
STREET ADDRESS	4950 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, KENNETH W	
STREET ADDRESS	4950 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANKS, DEAN L	
STREET ADDRESS	4950 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD T S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert M. Molsick	
13 STREET ADDRESS	4950 W. Kennedy Blvd.	
14 CITY-ST-ZIP	Tampa, FL. 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Larry J. McCandless	
23 STREET ADDRESS	4950 W. Kennedy Blvd.	
24 CITY-ST-ZIP	Tampa, FL. 33609	
31 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Keith Clarke	
33 STREET ADDRESS	4950 W. Kennedy Blvd.	
34 CITY-ST-ZIP	Tampa, FL. 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Richard Rutter	
43 STREET ADDRESS	4950 W. Kennedy Blvd.	
44 CITY-ST-ZIP	Tampa, FL. 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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, unchanged, or on an attachment with an address.

SIGNATURE: *Robert M. Molsick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 813/282-7100

CFR2034 (12/95)