

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 516212 (8)**  
 1. Corporation Name  
**FALCON CONTRACTING CO. OF BARTOW**



Principal Place of Business <b>840 EAST LEMON ST. BARTOW FL 33830</b>	Mailing Address <b>840 EAST LEMON ST. BARTOW FL 33830-4925</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/11/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-1793478</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**ROUSE, FRANK J.**  
**880 EAST MAIN ST.**  
**BARTOW FL 33830**

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

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and file # if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLINGER, GILBERT T.</b>	1.2 NAME
STREET ADDRESS	<b>1130 GEORGE ST.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>BARTOW FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, DEENA O.</b>	2.2 NAME
STREET ADDRESS	<b>3370 WALLACE RD</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>BARTOW FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, JAMES A. J</b>	3.2 NAME
STREET ADDRESS	<b>3370 WALLACE RD</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>BARTOW FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLINGER, GILBERT J</b>	4.2 NAME
STREET ADDRESS	<b>885 S HELEN CIRCLE</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>BARTOW FL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 if changed, or on an attachment with an address

SIGNATURE: \_\_\_\_\_ (Signature) 04.25.97 04/15/97 33-5479

CR2E034 (9/96)