SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	517902	(3

ARIES	CONSTRUCTION	OF	MID-FLORIDA.	INC.
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rincipal Place of	Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	il Bibit Bibit Bibit filbit einit niett inne
766 DELTONA BL P O BOX 5038	.VD STE D	766 DELTONA BLVD P O BOX 5038				
DELTONA FL 32729-2038		DELTONA FL 32728-2038		3. Date Incorporated or Qualified 11/04/1976	3a. Date of Last Report 08/15/1995	
Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-1702107	Applied For Not Applicable
Suite, Apt #, (etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	28 Zip	Cou	ontry	8. This corporation has liability for	
	25	29	30	т	Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Ne	gistered Agein
	ANDER, WILLARD CLAY JR.				WO D. M. where is Not Associated	
	DELTONA BLVD., SUITE D			82 Street Add	ress (P.O. Box Number is Not Acceptab	ne)
DELT	ONA FL 32725			83		
	4	۸		84 City		FL 85 Zip Code
	the provisions of Sections 97.150	2 n 602 508 Florda St	atutes the a	bove-named corp	oration submits this statement for the poor's board of directors. I haveby accept	ourpose of changing its registered
office or req	istered a ent, proofin priparite	o Florda Such charge w	as authorized Florida Stat	d by the corporati	ion's board of directors. Thereby accept	it the appointment as registered
agent I am	tamile with and according		, 110-100-000		BE CO	36
ignature _	gnature, typed or printed hanve of recollect age	and the it applicate		ed Agent signalure requ	and when rematating) ADDITIONS/CHANGES TO OFFI	DAIL
2.	- OFFICERS AN	IN DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	Change Addit
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CITY-ST-ZIP		and with this functie valuate		4 CHY-ST-ZIP	uality for the exemption stated in Sections and accurate and that my signature s	n 119 07(3)(k), Florida Statutes T
 i do hereb further cer 	ly certify that the information suppli rtify that the information indivaled o	on this annual report or sur	plemental ar	nnual report is tru	e and accurate and that my signature s	hall have the same legal effect as ly Chapter 617, Florida Statutes, a
made und	ler oath; that I am an office or dire nme appears in Block 12 or Block 1	ctor of the corp ration or the strain of the	ie receiver oi chment with .	r irustee empowe an address.	uality for the exemption stated in Section e and accurate and that my signature stred to execute this report as required by	,
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SIGNAT	URE:////`(- V	SEICER OF DIE	ECID	Cate	Cay: me Priorie 1
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING C	FFICER OR DIR	EC108	£ (Ate)	