

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

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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 533347 (1)

1. Corporation Name
BILL PERRY CONSTRUCTION, INC.

Principal Place of Business

RT. 9, BOX 869
JUNE COURT
LAKE CITY FL 32055

Mailing Address

RT. 9, BOX 869
JUNE COURT
LAKE CITY FL 32024-9804



3. Date Incorporated or Qualified 05/09/1977	3a. Date of Last Report 01/26/1996
4. FEI Number 59-1807465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

PERRY, W.W.
RT. 9, BOX 869
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0532 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	PERRY, MIRELLE B	1.2 NAME	
STREET ADDRESS	RT. 9, BOX 869	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PERRY, W W	2.2 NAME	
STREET ADDRESS	RT. 9, BOX 869	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	PSS	3.1 TITLE	
NAME	PERRY, W W	3.2 NAME	
STREET ADDRESS	RT. 9, BOX 869	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: William W. Perry W.W. Perry 1-8-97 904-752-6239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

001844

CR2E034 (9/96)