
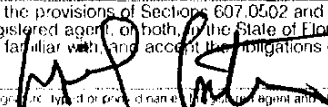
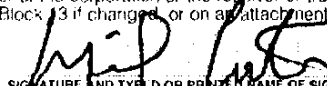


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 13 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 # 550499 (8) 1. Corporation Name MIKE CARTER CONSTRUCTION, INC.					
Principal Place of Business 1227-9TH AVENUE WEST BRADENTON FL 34205-4374			Mailing Address 1227-9TH AVENUE WEST BRADENTON FL 34205-7301		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/02/1977 3a. Date of Last Report 03/15/1996 4. FEI Number 59-1774887 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARTER, MICHAEL M 1227 9TH AVE W BRADENTON FL 34205				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PD CARTER, MICHAEL M. 1227-9TH AVE. WEST BRADENTON FL <input type="checkbox"/> DELETE VT ANDERSON, MARK J. 1227-9TH AVE. WEST BRADENTON FL <input type="checkbox"/> DELETE VP RYLEE, WENDELL 1227 9TH AVE WEST BRADENTON FL <input checked="" type="checkbox"/> DELETE V WILBER, CHERYL S 1227 9TH AVE W BRADENTON FL <input checked="" type="checkbox"/> DELETE VP BORTHWICK, ROGER A 1227 9TH AVE W BRADENTON FL <input type="checkbox"/> DELETE VP PALMER, JOEL 1227-9TH AVENUE WEST BRADENTON FL 34205-4374 <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MAURO, CAROLYN 1.3 STREET ADDRESS 1227 9TH AVE. WEST 1.4 CITY - ST - ZIP BRADENTON FL 34205 2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SCOGGINS, GREER 2.3 STREET ADDRESS 1227 9TH AVE. WEST 2.4 CITY - ST - ZIP BRADENTON FL 34205 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:  MICHAEL CARTER 3-10-97 (941) 745-1700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)