


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 # 610074 (7) 1. Corporation Name SAWYER CONSTRUCTION COMPANY, INC.			
Principal Place of Business 637 DRACENA DR W PALM BCH FL 33414		Mailing Address 637 DRACENA DR W PALM BCH FL 33414	
2. Principal Place of Business 21 15752 CYPRESS CREEK LANE Suite, Apt. #, etc 22 City & State 23 WELLINGTON, FLA. Zip 24 33414 Country 25 PALM BCH.		2a. Mailing Address 26 15752 CYPRESS CREEK LANE Suite, Apt. #, etc 27 City & State 28 WELLINGTON, FLA. Zip 29 33414 Country 30 PALM BCH.	
9. Name and Address of Current Registered Agent SAWYER, THOMAS M 637 DRACENA DR W PALM BCH FL 33414		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15752 CYPRESS CREEK LANE 83 84 City WELLINGTON FL 85 Zip Code 33414	
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 title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS 12.1 TITLE PM <input type="checkbox"/> DELETE 12.2 NAME SAWYER, THOMAS M. 12.3 STREET ADDRESS 637 DRACENA DR 12.4 CITY - ST - ZIP W PALM BCH, FL 00000 12.5 TITLE ST <input type="checkbox"/> DELETE 12.6 NAME SWAYER, RAMONA 12.7 STREET ADDRESS 637 DRACENA DR 12.8 CITY - ST - ZIP W PALM BCH, FL 00000 12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 15752 CYPRESS CREEK LANE 13.4 CITY - ST - ZIP WELLINGTON, FL. 33414 13.5 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME SAWYER, RAMONA 13.7 STREET ADDRESS 15752 CYPRESS CREEK LANE 13.8 CITY - ST - ZIP WELLINGTON, FL. 33414 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP			
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

561-793-2675

CR2E034 (3/96)