

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 611775 (8)

1. Corporation Name

ACME CONTRACTORS, INC.



Principal Place of Business

4703 WAREHOUSE RD.
TALLAHASSEE FL 32310
US

Mailing Address

4703 WAREHOUSE RD.
TALLAHASSEE FL 32310
US

3. Date Incorporated or Qualified
03/05/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 HARRY C. KIRBY

27 State, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-1892484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RAINES, MARK P.
4703 WAREHOUSE RD.
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

HARRY C. KIRBY

82 Street Address (P.O. Box Number is Not Acceptable)

4704 WAREHOUSE RD

83 City

TALLAHASSEE

84 State

FL

85 Zip Code

32310

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 607.0503, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to accept appointment as registered agent

Signature of Registered Agent (Signature required with non-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	KIRBY, HARRY C	
STREET ADDRESS	4704 WAREHOUSE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 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 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 and Typed or Printed Name of Signing Officer or Director

Signature and Typed or Printed Name of Signing Officer or Director

DATE

Daytime Phone #

CR2E034 (12/95)