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Feb 06 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 # 636267 (7)
1. Corporation Name
NOMAD CONSTRUCTION COMPANY, INC.



Principal Place of Business Mailing Address
P O BOX 699 P O BOX 699
OCOE FL 34761-0699 OCOEE FL 34761-0699
US US

3. Date Incorporated or Qualified 09/07/1979 3a. Date of Last Report 01/29/1996
4. FEI Number 59-1949254 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GRIFFIN, BEN WALLACE C. MYERS, JR.
12 E MCKEY STR 18531 TUSCANOOGA ROAD
OCOE FL 34761 GROVELAND FL 34736

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 WALLACE C. MYERS, JR. 1/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PDS 1.1 TITLE
NAME POLLET, JAMES A. 1.2 NAME
STREET ADDRESS 9602 BEAR LAKE RD. 1.3 STREET ADDRESS
CITY-ST-ZIP APOPKA FL 1.4 CITY-ST-ZIP
TITLE VPD 2.1 TITLE
NAME MYERS, WALLACE C 2.2 NAME
STREET ADDRESS 18531 TUSCANOOGA RD 2.3 STREET ADDRESS
CITY-ST-ZIP GROVELAND FL 2.4 CITY-ST-ZIP
TITLE 3.1 TITLE
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 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: JAMES A. POLLET 1/29/97 407-877-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)