FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 11:47

DOCUMENT # 645042 (3)

1. Corporation Name

WOLVERINE CONSTRUCTION, INC.

Principal Business Address	Mailing Address
4638 ISLAND FORKS ROAD LAKE WYLIE SC 29710 329 Tudor Dr Cape Coral Fl 33904	4638 ISLAND FORKS ROAD LAKE WYLIE SC 29710 329 Tudor Dr Cape Coral Fl 33904

DO NOT WRITE IN THIS SPACE

3. Date Business Started in Florida: 11/13/1979

3a. Date of First Report: 01/25/1994

4. FEI Number: 59-1951784 — 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. Does corporation owe back taxes under s. 193.092, Florida Statutes? [X] Yes [ ] No

2. Principal Office Address	2a. Mailing Address
21 329 TUDOR DRIVE	26 329 TUDOR DRIVE
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 CAPE CORAL, FL.	28 CAPE CORAL, FL
24 Zip 33904-9454	25 Country USA
29 Zip 33904-9454	30 Country USA

9. Name and Address of Current Registered Agent

SASSO, M DANIEL
3624 DEL PRADO BLVD, STE D
CAPE CORAL FL 33904

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 Section(s) 607.325 and/or 608.4101, 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. The changes were 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

31 Title	PTD
32 Name	BACHELOR, DUANE C
33 Street Address	329 TUDOR DIRVE
34 City St Zip	CAPE CORAL, FL 00000
41 Title	DVSX
42 Name	XBACHELOR, BEVERLY XXXXX
43 Street Address	X29 TUDOR DRIVE XX
44 City St Zip	XCAPE CORAL, FL 00000
51 Title	VD
52 Name	BACHELOR, JOSEPH D
53 Street Address	2107 N.E. 17TH AVENUE
54 City St Zip	CAPE CORAL, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 Title	[ ] Change [ ] Addition
12 Name	
13 Street Address	
14 City St Zip	
21 Title	DVP [ ] Change [X] Addition
22 Name	SHAWN BACHELOR
23 Street Address	329 TUDOR DR.
24 City St Zip	CAPE CORAL, FL. 33904
31 Title	[ ] Change [ ] Addition
32 Name	
33 Street Address	
34 City St Zip	
41 Title	[ ] Change [ ] Addition
42 Name	
43 Street Address	
44 City St Zip	
51 Title	[ ] Change [ ] Addition
52 Name	
53 Street Address	
54 City St Zip	

14. I declare to certify that the information supplied with this report is complete 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 above, or on an attachment with all other like empowered.

SIGNATURE: Duane C Bachelor DUANE C. BACHELOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/95
Date

0400251 FN