

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

FILED

Mar 03 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 # 840298 (4)

1. Corporation Name
CHAMPION CONTRACTING CO.

Principal Place of Business
P O BOX 489
KINGS MOUNTAIN NORTH CAROLIN 28086

Mailing Address
P O BOX 489
KINGS MOUNTAIN NORTH CAROLIN 28086-0489



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVET, CARLOS M JR
14211 SW 97TH AVE
MIAMI FL

81 Name
ROBERT E. STITZEL

82 Street Address (P.O. Box Number is Not Acceptable)
700 N. WICKHAM RD.

83 SUITE 209

84 City
MELBOURNE, FL

FL 85 Zip Code
32935

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 of Special Agent in Charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMPION, CHRIS L.	
STREET ADDRESS	123 WOODING PL	
CITY - ST - ZIP	KINGS MOUNTAIN N.	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, MIKE	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT, N C	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAMPION, CARL W	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT, N C	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHANEY, SUNNI M	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRISON, SAMUEL M	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MOUNTAIN NC 28086	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Robert E. Stitzel
6.4 CITY - ST - ZIP	700 N. Wickham Road, Suite 209 Melbourne, FL 32935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)