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Feb 11 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 # F40180 (4)

1. Corporation Name
RANGER CONSTRUCTION INDUSTRIES, INC.



Principal Place of Business
101 SANSBURY'S WAY
P O BOX 15065
WEST PALM BCH FL 33416

Mailing Address
101 SANSBURY'S WAY
P O BOX 15065
WEST PALM BCH FL 33416-5065

3. Date Incorporated or Qualified 06/08/1981	3a. Date of Last Report 03/07/1996
4. FEI Number 59-2098662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DEFREHN, JOHN A.
101 SANSBURY'S WAY
WEST PALM BEACH FL 33416

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFREHN, JOHN A	1.2 NAME	
STREET ADDRESS	381 PARK FOREST WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLADE, MICHAEL	2.2 NAME	
STREET ADDRESS	149 SCARBOROUGH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VECELLIO, LEO, A	3.2 NAME	
STREET ADDRESS	1 N BREAKERS ROW #162	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELL, SHELBY	4.2 NAME	
STREET ADDRESS	2523 25TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECELLIO, LEO A JR	5.2 NAME	
STREET ADDRESS	771 VILLAGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, L.L.	6.2 NAME	
STREET ADDRESS	MABSCOTT HILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BECKLEY, WVA	6.4 CITY-ST-ZIP	

ASST. S/T
TAYLOR, JOHN L.
14142 GREENTREE DR.
WELINGTON, FL 33414

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

JOHN A. DEFREHN

2-6-97

561-793-9400

CR2E034 (9/96)

JAMES K. CRICK V/P
4570 GLADES CUT-OFF ROAD
FT PIERCE, FL

DAVID SCHUTTA ASst. S/T
4570 GLADES CUT-OFF ROAD
FT. PIERCE, FL

DONALD HELMS - ASST. S/T
101 SANSBURYS WAY
WEST PALM BEACH FL

MIQUEL CORREA - VP
101 SANSBURYS WAY
WEST PALM BEACH, FL