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CORPORATION ANNUAL REPORT

(1) 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:20

DOCUMENT # F43805 (3)

1. Corporation Name

INSTITUTIONAL CONSTRUCTION/CONSTRUCTION MANAGEME NT, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM D. RUTHERFORD 2027 THOMASVILLE ROAD TALLAHASSE FL 32312	C/O WILLIAM D. RUTHERFORD 2027 THOMASVILLE ROAD TALLAHASSE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1981

3a. Date of Last Report: 01/13/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-2652540 [ ] 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

RUTHERFORD, WILLIAM D.
2027 THOMASVILLE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

01 Name

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

03

04 City: FL 05 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE	P	11 TITLE	[ ] Change [ ] Addition
NAME	RUTHERFORD, WILLIAM D.	12 NAME	
STREET ADDRESS	2027 THOMASVILLE RD	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	[ ] Change [ ] Addition
NAME	CLEMONS, JOSEPH N.	22 NAME	
STREET ADDRESS	3050 MIDDLEBROOKS CIR	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is willfully furnished and does not qualify for the exemption stated in Sec. 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] Jan 12, 1995 904-385-6153

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

William D. Rutherford, President

Date / Daytime Phone #

0029038 CP