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**Mar 04 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 # F93000000103 (2)

1. Corporation Name
VENTURA CONTRACTING CORPORATION



Principal Place of Business
**1761 SEVERN CHAPEL ROAD
CROWNSVILLE MD 21032**

Mailing Address
**1761 SEVERN CHAPEL ROAD
CROWNSVILLE MD 21032-1921**

New address

3. Date Incorporated or Qualified **01/07/1993** 3a. Date of Last Report **02/20/1996**

2. Principal Place of Business
21 **11 CROSS DATE CT. W.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **11 Cross Date CT. W.**
Suite, Apt. #, etc.

4. FEI Number **52-1802014**
Applied For Not Applicable

22 City & State
23 **PALM COAST, FL.**

27 City & State
28 **PALM COAST, FL.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32137** 25 Country **FLA**

29 Zip **32137** 30 Country **FLA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHADDERON, SUSIE
4206-D
WOODS EDGE CIR.
PALM BEACH GARDENS FL 33410**

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 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 **Susie CHADDERON** *Susie Chadderon* **2-28-97**
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	PD <input type="checkbox"/> DELETE
NAME	CAILLOUETTE, W. THOMAS
STREET ADDRESS	1761 SEVERN CHAPEL ROAD <i>11 Cross Date Ct. W.</i>
CITY-ST-ZIP	CROWNSVILLE MD 21032 <i>Palm Coast FL 32137</i>
TITLE	STD <input type="checkbox"/> DELETE
NAME	RUSSELL, MARY L <i>11 Cross Date Ct. W.</i>
STREET ADDRESS	1761 SEVERN CHAPEL ROAD <i>PALM COAST FL</i>
CITY-ST-ZIP	CROWNSVILLE MD 21032
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	32137
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **W.T. Caillouette**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97 **904-446-3697**
Date Daytime Phone #

CR2E034 (9/96)