FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93410** **(1)**

1. Corporation Name
THE ADCOX CONSTRUCTION COMPANY, INC.

Principal Place of Business
123 GENERAL DOOLITLE RD
JACKSONVILLE FL 32225

Mailing Address
123 GENERAL DOOLITLE RD
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: **08/01/1982**
3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-2207994** [ ] 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

2. Principal Place of Business
21 123 General Doolittle Dr
Suite, Apt. #, etc.
22
City & State
23 Jax, FL
Zip 24 32225 Country 25 USA

2a. Mailing Address
26 123 General Doolittle Dr
Suite, Apt. #, etc.
27
City & State
28 Jax, FL
Zip 29 32225 Country 30 USA

9. Name and Address of Current Registered Agent
ADCOX, JOHN W., JR.
123 GENERAL DOOLITTLE DRIVE
JACKSONVILLE FL 32225

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 Sections 607.0505 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	[ ] DELETE
NAME	ADCOX, JOHN W, JR	
STREET ADDRESS	2744 WOODY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	[ ] DELETE
NAME	ADCOX BARBARA A	
STREET ADDRESS	2744 WOODY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	8746 McKenna Drive	
1.4 CITY-ST-ZIP	Jax, FL 32226	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	8746 McKenna Drive	
2.4 CITY-ST-ZIP	Jax, FL 32226	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is entered in Block 14 if a title is added.

SIGNATURE: Barbara A. Adcox 3/22/96 (904) 641-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
Barbara A. Adcox

CR2E034 (12/95)