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Mar 19 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 # **G09317** (0)

1. Corporation Name
ORLANDO INDUSTRIAL CONTRACTORS, INC.

Principal Place of Business

**1250 W LANDSTREET RD
ORLANDO FL 32824
US**

Mailing Address

**PO BX 590728
ORLANDO FL 32859-0728
US**

3. Date Incorporated or Qualified 11/23/1982	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2232423	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	2a. Mailing Address
21 State, Apt. #, etc.	26 State, 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

**TALBERT, MARTIN
708 29TH ST.
ORLANDO FL 32805**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TALBERT, BETTY M	1.2 NAME	
STREET ADDRESS	708 29TH ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 00000	1.4 CITY- ST- ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TALBERT, MARTIN	2.2 NAME	
STREET ADDRESS	708 29TH ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 00000	2.4 CITY- ST- ZIP	
TITLE	DTs ☐ DELETE	3.1 TITLE	DT ☒ Change ☐ Addition
NAME	MURPHY, GERALDINE	3.2 NAME	
STREET ADDRESS	1700 EASTERN AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. CLOUD, FL 34789	3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	COCHRAN, ALAN L.
STREET ADDRESS		4.3 STREET ADDRESS	2618 ORCHID LN.
CITY- ST- ZIP		4.4 CITY- ST- ZIP	KISSIMMEE, FL 34744
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 reported 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: Geraldine Murphy Geraldine Murphy

March 13, 1997 407-843-8133

CR2E034 (9/96)