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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90288 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G28515

1. Corporation Name
PHOENIX CONSTRUCTION CORPORATION

Principal Place of Business
 105 BOULDER LANE
 CHAPEL HILL NC 27514
 US

Mailing Address
 105 BOULDER LANE
 CHAPEL HILL NC 27514
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1983

4. FEI Number **59-2280276** Applied For
 Not Applicable

2. Principal Place of Business
 21

2a. Mailing Address
 26

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
 23

City & State
 28

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
 24 25

Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DWYER, WILLIAM J.
1060 SAN REMO RD
ST AUGUSTINE FL 32086

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

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	PSD	<input type="checkbox"/> DELETE
NAME	O'DWYER, TOM	
STREET ADDRESS	105 BOULDER LANE	
CITY-ST-ZIP	CHAPEL HILL, NC.	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STARNES, TOM	
STREET ADDRESS	108 BARBEE	
CITY-ST-ZIP	CARRBORO NC	
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	
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 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, with all other like empowered.

SIGNATURE: *Thomas O'Dwyer* / **THOMAS O'DWYER/pres.** 4/12/99 919-9675159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)