FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS G79555 DOCUMENT # (0) JACK BRIER GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address % FRANKLIN D. GREENMAN % FRANKLIN D. GREENMAN 5800 OVERSEAS HWY #40 5800 OVERSEAS HWY #40 MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1984 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2383368 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENMAN, FRANKLIN D. 82 Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY #40 MARATHON FL 33050 83 City 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. Ships change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am and accept the obligations of, Section 607.0505. Florida Statutes. Styrial or two the probatione of repeteral assertion and happy with (NOTE: Feign terrora Asport suportare required when rein data go 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE DELETE 1.1 TITLE Charige Addition NAME BRIER, JOHN J. 1.2 NAME STREET ADDRESS RT 2. MM59 1.3 STREET ADDRESS MARATHON FL CITY - ST - ZIP 1.4 CHY - \$1 - 7/F TITLE DELETE 2 1 THILE Change Addit on NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-ZIF 24 C/TY - ST - Z/P TITLE DELETE 3 17/16 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIF 3.4 CHY - ST - ZIP TITLE DELFTE 4 1 THUE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TILLE Change Adortion NOME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIF TITLE DELETE 6 i litte Change Addition NAME

14. To hereby certify that the information supplied with this filing is performance and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplicantal armost report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 with an address

€ 3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZP

ME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (305)743-2169

(12/95)

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