

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
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97 MAY 16 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H39222

(5)

1. Corporation Name

BRITT CONSTRUCTION, INC.

Principal Place of Business

STATE ROAD 438  
P O BOX 770098  
WINTER GARDEN FL 34777-7098

Mailing Address

STATE ROAD 438  
P O BOX 770098  
WINTER GARDEN FL 34777-0098

3. Date Incorporated or Qualified

01/23/1985

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2638000

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

21 419 E. Oakland Ave.

Suite, Apt. #, etc

22

City & State

23 Oakland, FL

Zip

24 34760

Country

25 USA

2a. Mailing Address

26 P.O. Box 651

Suite, Apt. #, etc.

27

City & State

28 Oakland, FL

Zip

29 34760-0651

Country

30 USA

9. Name and Address of Current Registered Agent

JOHNSON, BLAIR M.  
425 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

R. NEIL BRITT

82 Street Address (P.O. Box Number is Not Acceptable)

419 E. OAKLAND AVE.

83

84 City

OAKLAND

FL

85 Zip Code

34760

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

*R. Neil Britt*  
Signature, typed or printed name of registered agent and title if applicable.

R. Neil Britt, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BRITT, ROBERT NEIL  
STREET ADDRESS ST RD 438 BOX 98  
CITY-ST-ZIP WINTER GARDEN FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME BRITT, ROBERT NEIL  
1.3 STREET ADDRESS P.O. BOX 651 (N/A)  
1.4 CITY-ST-ZIP OAKLAND, FL 34760-0651

2.1 TITLE  
2.2 NAME FETTE, MARK L.  
2.3 STREET ADDRESS P.O. BOX 651 (N/A)  
2.4 CITY-ST-ZIP OAKLAND, FL 34760-0651

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/97 407-877-0000

CR2E034 (9/96)