
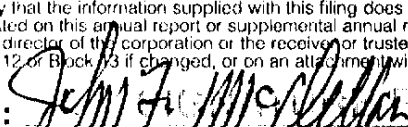


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 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 # H40072 (1) 1. Corporation Name AVON CONSTRUCTION, INC.					
Principal Place of Business 1401 W BLISS ST AVON PARK FL 33825			Mailing Address 1401 W BLISS ST AVON PARK FL 33825-8507		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 02/15/1996	
22 City & State		27 City & State		4. FEI Number 59-2494434	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCCLELLAN, JOHN F. 1401 W BLISS ST AVON PARK FL 33825			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 607.0502 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					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	MCCLELLAN, JOHN F.				
STREET ADDRESS	1401 W BLISS ST				
CITY - ST - ZIP	AVON PARK FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MCCLELLAN, SHERYL A				
STREET ADDRESS	1401 W. BLISS STREET				
CITY - ST - ZIP	AVON PARK FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCCLELLAN, JOHN E.				
STREET ADDRESS	2170 OLEANDER				
CITY - ST - ZIP	AVON PARK FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	EWING, JUDY				
STREET ADDRESS	RT 2 BOX 174C NA				
CITY - ST - ZIP	ZOLFO SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCCLELLAN, BRASS C				
STREET ADDRESS	1401 W BLISS ST				
CITY - ST - ZIP	AVON PARK FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 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:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2E034 (9/96)