

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 18 1997 8:00am
 Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # H40793 (2)
 1. Corporation Name
AWARD CONSTRUCTION OF TAMPA, INC.



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| Principal Place of Business 4018 W. CAYUGA TAMPA FL 33614 | Mailing Address 4018 W. CAYUGA TAMPA FL 33614 |
|---|---|

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 10014 N. DALE MABRY HWY. | 2a. Mailing Address 26 10014 N. DALE MABRY HWY. |
| Suite, Apt., #, etc. 22 SUITE #71 | Suite, Apt., #, etc. 27 SUITE #71 |
| City & State 23 TAMPA, FLORIDA | City & State 28 TAMPA, FLORIDA |
| Zip 24 33618 | Country 25 USA |
| Zip 29 33618 | Country 30 USA |

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| 3. Date Incorporated or Qualified 02/04/1985 | 3a. Date of Last Report 05/20/1996 |
| 4. FEI Number 59-2489057 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent MEDLOCK, R.A. 4018 W. CAYUGA TAMPA FL 33614 | 10. Name and Address of New Registered Agent 81 Name RONALD A. MEDLOCK 82 Street Address (P.O. Box Number is Not Acceptable) 10014 N. DALE MABRY HWY 83 SUITE #71 84 City TAMPA FL 85 Zip Code 33618 |
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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 | PS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDLOCK, R.A. | 1.2 NAME | |
| STREET ADDRESS | 22710 SOUTH SHORE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAND O'LAKES FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDLOCK, TONY H | 2.2 NAME | |
| STREET ADDRESS | 22710 S SHORE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAND O LAKES FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDLOCK, TERRY | 3.2 NAME | |
| STREET ADDRESS | 12616 CATAMARAN PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____

CF2E034 (4/97)