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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H43394

(6)

F & W CONSTRUCTION, INC.

Principal Place of Business Mailing Address 1888 FIELD RD 1922 FIELD RO P.O. BOX 21444 SARASOTA FL 34278-4444 SARASOTA FL 34231 3a. Date of Last Report 3. Date incorporated or Qualified 02/19/1985 03/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1922 Field 59-2552371 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zin Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEBER, CHARLES J. 1922 FIELD RO 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSTD** DELETE Change ___ Addition TITLE 1.1 TITLE WEBER, CHARLES J. 12 NAME NAM 1922 FIELD ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY- ST-ZIE DELETE 2.1 TITLE Change Addition TiTLE HOPPER, JOHN MAMÉ 2.2 NAME 1327 STOEBER AVE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2. 4 CITY - ST- ZIP CHY-ST-Z0 DELETE Change Addition 3.1 TITLE THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-\$1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY ST-ZIE DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

appears in Block 12 or Block

CITY-ST-76

4-5-97 941-924-1362

FILED

Apr 08 1997 8:00am

Secretary of State