

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H51129 (5)
 1. Corporation Name
DON DEFLAVIS CONSTRUCTION, INC.



Principal Place of Business P.O. BOX 1624 4928 18TH AVENUE S. W. NAPLES FL 33939	Mailing Address P.O. BOX 1624 NAPLES FL 34106 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 34106	City & State 28
Zip 24 34106	Country 25
Zip 29 34106	Country 30

3. Date Incorporated or Qualified 04/08/1985	
4. FEI Number 59-2529515	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DEFLAVIS, DON
4928 18TH AVE SW
NAPLES FL 33999

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 **FL** **34106**
34106

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 PVT	<input type="checkbox"/> DELETE
NAME DEFLAVIS, DONALD	
STREET ADDRESS 4928 18TH AVE SW	
CITY-ST-ZIP NAPLES FL	
TITLE \$	<input checked="" type="checkbox"/> DELETE
NAME DEFLAVIS, DONALD	
STREET ADDRESS 4928 18TH AVE SW	
CITY-ST-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRES., TREAS., SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DEFLAVIS, DONALD C.	
1.3 STREET ADDRESS 4928 18TH AVE. SW	
1.4 CITY-ST-ZIP NAPLES, FL 34106	
2.1 TITLE VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JACK L. OAST	
2.3 STREET ADDRESS 3975 10TH S., N., #3	
2.4 CITY-ST-ZIP NAPLES, FL 34103	
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 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: _____ 1/6/98 941353 4113

CR2E034 (10/97)