

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
ANNUAL REPORT
1996



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

APPROVED
 AND
 FILED

96 NOV 26 PM 12:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H55488** (1)

1. Corporation Name

GARY REGISTER GENERAL CONTRACTOR, INC.
1996 REINSTATEMENT

Principal Place of Business

Mailing Address

~~2116 W. BEAVER ST.~~
 P.O. BOX 40761
 JACKSONVILLE FL 32203

~~2116 W. BEAVER ST.~~
 P.O. BOX 40761
 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified 05/06/1985	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2548772	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent

REGISTER, GARY
1630 TURBERRY CT
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State
86. 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

[Signature]

DATE: **10/14/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	REGISTER, GARY E.	
STREET ADDRESS	2116 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	REGISTER, JOANNE G.	
STREET ADDRESS	2116 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
STREET ADDRESS		<input type="checkbox"/> DELETE
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	200002018802--3
2.4 CITY-ST-ZIP	-12/04/95--01001--018
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

REINSTATEMENT 1996
[Signature]
 DATE: **9/16/96**

"14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE: **9/16/96**
 DAYTIME PHONE # **904 358-2333**

CR2004 (3/96)