
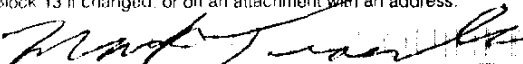


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT # H63567 (2)</b> 1. Corporation Name <b>T-N-T CONSTRUCTION COMPANY OF OKEECHOBEE INC.</b>																													
Principal Place of Business <b>425 W.S. PARK ST.</b> <b>OKEECHOBEE FL 34974</b> <b>US</b>			Mailing Address <b>PO BOX 2009</b> <b>OKEECHOBEE FL 34973-2009</b>																										
2. Principal Place of Business 21 <b>107 S.W. 5 Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/25/1985</b>																									
22 City & State 23 <b>Okeechobee FL</b>		27 City & State 28 City & State		3a. Date of Last Report <b>04/02/1996</b>																									
24 <b>34974</b>		25 <b>USA</b>		4. FEI Number <b>59-2559073</b>																									
29		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
9. Name and Address of Current Registered Agent <b>TROENDLE, MARK STEPHEN</b> <b>2146 SW 37TH AVENUE</b> <b>OKEECHOBEE FL 34974</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>799 S.W. 85 Ave.</b> 83 84 City <b>Okeechobee</b> <b>FL</b> 85 Zip Code <b>34974</b>																									
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>TROENDLE, MARK STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2146 SW 37 AVE 34973</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> DELETE	NAME	TROENDLE, MARK STEPHEN		STREET ADDRESS	2146 SW 37 AVE 34973		CITY-ST-ZIP	OKEECHOBEE FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>799 S.W. 85 Ave.</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Okeechobee, FL 34974</td> <td></td> </tr> </table>			1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS	799 S.W. 85 Ave.		1.4 CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	PD	<input type="checkbox"/> DELETE																											
NAME	TROENDLE, MARK STEPHEN																												
STREET ADDRESS	2146 SW 37 AVE 34973																												
CITY-ST-ZIP	OKEECHOBEE FL																												
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
1.2 NAME																													
1.3 STREET ADDRESS	799 S.W. 85 Ave.																												
1.4 CITY-ST-ZIP	Okeechobee, FL 34974																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
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																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">3.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
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																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">4.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
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																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
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																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
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 included 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: 		4-8-97		941-763-1053																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																									

CR2E034 (9/96)