

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

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**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H63567 (2)
 1. Corporation Name
T-N-T CONSTRUCTION COMPANY OF OKEECHOBEE INC.



Principal Place of Business 425 W.S. PARK ST. OKEECHOBEE FL 34974 US	Mailing Address PO BOX 2009 OKEECHOBEE FL 34973-2009
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2. Principal Place of Business 21 107 S.W. 5 Ave. Suite, Apt. #, etc.	2b. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Okeechobee FL	27 City & State 28
24 Zip 34974 25 Country USA	29 Zip 30 Country

3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 04/02/1996
4. FEI Number 59-2559073	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TROENDLE, MARK STEPHEN
 2146 SW 37TH AVENUE
 OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
799 S.W. 85 Ave.
 83
 84 City **Okeechobee** FL 85 Zip Code **34974**

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 _____

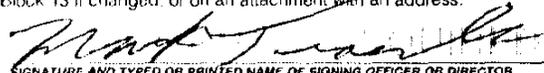
12. OFFICERS AND DIRECTORS

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

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	

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 #
 0474474

CR2E034 (9/96)