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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H76767

I K BEHAN GENERAL ROCKING CONTRACTOR INC

J. K. BEI	HAN GENERAL HOOFING	G CONTRACTOR, INC.				
Principal Place	e of Business	Mailing Address				DEBAL BIRDIR DIBIA DYBIT BIRBA DYBIT (DD)
P.O. BOX 510161 P.O. BOX 510161 P.O. BOX 510161 MELBOURNE BEACH FL 32951-0161 MELBOURNE BEACH		P.O. BOX 510161 MELBOURNE BEACH FL	32951-0161			
					3. Date Incorporated or Qualified 09/19/1985	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21 Suito Avil	# este	Suite Apt #, etc.			59-2619112	Not Applicable
Suite, Apt. #, etc		27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for	
24	25	29	30			Yes 🔀 No
	9. Name and Address of Cu	rrent Registered Agent		····	10. Name and Address of New Re	gistered Agent
	AN, JAMES K. III		8	Name		
	ABALONE AVENUE		8:	Street Ado	dress (P.O. Box Number is Not Acceptable)	
INUP	LANTIC FL 32903		8:	3		
			84	City		FL 85 Zip Code
12.	regard of the control of the second s	AND DIRECTORS	13.	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	
TITLE	O DEMAN INNEG IV III	☐ DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	BEHAN, JAMES K. III 2335 ABALONE AVE		1.2 NAME	T ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY -	}		
TITLE		DELETE	2.1 TITLE	OF ER		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CHY-S1-ZIP	······································		2. 4 CITY	- ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TILE		[_] DELETE	3.1 TITLE		(1)	, Change Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
THILE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY+SI+ZIP			4.4 CITY-			
THIE		DELETE	5.1 TITLE	•		Change Addition
NAME EXPERT ADDRESS CO.			5.2 NAME	1		
STREET ADDRESS City-St-Zip				ET ADDRESS		
TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP			6.4 CITY-	ST-ZIP		
informatio Lam ari of	by certify that the information sup in indicated on this arinual report fficer or director of the corporatio in Block 12 or Block 13 if changed	or supplemental annual report is n or the receiver or trustee empo	s true and acc owered to exe	emption state curate and that cute this repo	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the il effect as if made under oath; that statutes; and that my name

SIGNATURE: