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APPROVED AND FILED

95 APR 27 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # J24603 (9)

**1. Corporation Name
EXCEL CONSTRUCTION OF S.W. FLORIDA, INC.**

Principal Place of Business Mailing Address
**% ANTHONY P. STIRP
1700 BEECHLINE # 8595-9 College Parkway
FT. MYERS FL 33907 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/17/1986** 3a. Date of Last Report **08/02/1994**

4. FEI Number **59-2789560** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 8595-9 College Pkwy 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Ft. Myers, FL 27
City & State City & State
23 33919 28 KEE
Zip Country Zip Country
24 33919 25 KEE 29 30

9. Name and Address of Current Registered Agent
**STIRP, ANTHONY P.
3514 CLEVELAND AVE. 8595-9 College Parkway
SUITE 8 ***** 33919
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name **Jeffrey A. Stirp**

82 Street Address (P.O. Box Number is Not Acceptable) **8595-9 College Parkway**

83 **Ft. Myers**

84 City **Florida** 85 Zip Code **33919**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STIRP, ANTHONY P.
STREET ADDRESS	8595-9 COLLEGE PARKWAY
CITY - ST - ZIP	FT. MYERS FL
TITLE	S
NAME	STIRP, MARCIA
STREET ADDRESS	8595-9 COLLEGE PARKWAY
CITY - ST - ZIP	FORT MYERS FL
TITLE	VP
NAME	Jeffrey A. Stirp
STREET ADDRESS	8595-9 College Parkway
CITY - ST - ZIP	Ft. Myers, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2 4 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	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an addition.

SIGNATURE: Anthony P. Stirp
SIGNATURE AND TYPED OR PRINTED NAME OF BRITING OFFICER OR DIRECTOR

4/24/95 813-936-7271
Date (Area) (Phone #)