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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 03 1997 8:00am

Secretary of State

DOCUMENT # J48332

(7)

OPUS SOUTH CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address							
5401 CORP.WOODS DR.#100 5401 C		% C T CORPORATION SYS 5401 CORP.WOODS DR#1 PENSACOLA FL 32504					
					3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last 05/10/1996	Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	 	[26]			59-2803749		Not Applicable
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1	Additional Required
		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 3		30		Florida Statutes Yes No		
	9. Name and Address of Curren	10. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM				Name			
1200 S. PINE ISLAND ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
PU	INTATION FL 33324		83				
			84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statlutes, 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.							
12.	Signature, typed or printed name of registered ager OFFICERS AND		f : flagistered Ag	ent signature requir	red when (cinstating) ADDITIONS/CHANGES TO OFFICE	DATE .	DC IAL SO
TITLE	T	DELETE	1.1 HILE	T	ADDITIONS/CITANGES TO OF HO	Change	
NAME	GREENFIELD, BARRY W		1.2 NAME				
STREET ADDRESS	4555 MI AVAREAS AFE 444		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CHY - \$1 - ZIP				
TITLE	PSD				Change Additio		☐ Addition
NAME	RAUENHORST, NEIL J.		2.2 NAME				
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.3 STREE	T ADDRESS			
CITY-ST-ZIP TAMPA FL			2 4 CITY - ST - 7)P JE 3.1 TITLE				
TITLE	AS MADE MADY	☐ DELETE			Change L Addii		Addition
NAME OXOCE ADDRESS	KASER, MARY		3.2 NAME			•	Ì
STREET ADDRESS	ss 5401 CORP WOODS DR 100 PENSACOLA FL			I ADDRESS			
CHTY-ST-ZIP TITLE	C	DELETE	3.4. CITY- 4.1 DILE	S1-ZIP		Change	Addition
NAME	CONNOR, GEORGE X		4 2 NAME			E viangs	
STREET ADDRESS	MAN BOEN DOND EACT		4.3 \$1866	ADDRESS			
CHTY-ST-ZIP	MINNEAPOLIS MN		4.4 CiTY-		·		
TITLE	D	☐ DELETE	5 1 TITLE			Change	Addition
NAME	PERKINS, ROBERT		5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP	MINNETONKA MN			51 - ZIP			
TITLE		☐ DELETE	6.1 Trilf			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			

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 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 on an attachment with an address.

5/27/97

904/478_8453