

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J48396** (2)
1. Corporation Name
CONSTRUCTION DEVELOPMENT MANAGEMENT, INC.

FILED
Feb 11 1997 8:00am
Secretary of State



| | | | |
|--|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 35108 PERCH DR ZEPHYRHILLS FL 33541 | | 35108 PERCH DR ZEPHYRHILLS FL 33541-9112 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 24 Zip | Country | 29 Zip | Country |
| 25 | | 30 | |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/23/1986 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2735646 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

WHITE, RODGER A.
35108 PERCH DR
ZEPHYRHILLS FL 33541

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) |
| 83 | |
| 84 | City FL 85 Zip Code |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, ROGER A | | 1.2 NAME |
| STREET ADDRESS | 35108 PERCH DR | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | ZEPHYRHILLS FL | | 1.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2.2 NAME |
| STREET ADDRESS | | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 813-788-3340

Date

Daytime Phone #

CR2E034 (9/96)