SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J55879 JAMES O'NEILL CONSTRUCTION, INC. Principal Place of Business Mailing Address 2070 MEADOW LANE 2070 MEADOW LANE MELBOURNE FL 32904 MELBOURNE FL 32904 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1987 03/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2767359 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZiD Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name O'NEILL, JAMES A., JR. 2785 BERAN LN. 82 Street Address (P.O. Box Number is Not Acceptable) MALABAR FL 32950 83 84 City 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 agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 (NOT): flingistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/8)TITLE DELETE 11 TITLE Change Addition NAME O'NEILL, JAMES, JR. 1.2 NAME CR2E034 STREET ADDRESS 2785 BERAN LN. 1.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 THTLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 THTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5.1 TIDE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP TITLE DE1.ETE BITITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617. Florida Statutes; and that my name appears in Block 13 or Block 13 if changed or on an attachment with an address SIGNATURE: 7-1-96 407-951-1708

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR