

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J61828 (6)

1. Corporation Name
HOWARD COBB CONSTRUCTION, INC.

Principal Place of Business

506 BELL STREET
AVON PARK FL 33825

Mailing Address

1780 S. SAPPHIRE RD
AVON PARK FL 33825-8956
US



3. Date Incorporated or Qualified 03/06/1987
3a. Date of Last Report 04/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1029 W. TOWNSEND ST	26 Suite, Apt. #, etc.	59-2774711	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Avon Park FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33825	25 Highland	29 Zip	30 Country
24 33825	25 Highland	29 Zip	30 Country

9. Name and Address of Current Registered Agent

ACCORSI, ATHONY A.
14 SOUTH LAKE AVENUE
P.O. BOX 1880
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	COBB, HOWARD L.	1.2 NAME	
STREET ADDRESS	506 BELL STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	COBB, HOWARD L.	2.2 NAME	
STREET ADDRESS	506 BELL STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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

3-27-97

941-452-2172

Date

Daytime Phone #

CR2E034 (9/96)