

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 NOV 17 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J72160 (1)
1. Corporation Name
BERGERON CONSTRUCTION CO., INC. OF CENTRAL FLORIDA

Principal Place of Business

159 LOOKOUT PL.
STE. 101
MAITLAND FL 32751
US

Mailing Address

159 LOOKOUT PL.
STE. 101
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1987	01/25/1996
4. FEI Number	Applied For
76-0036477	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. 103 COMMENCE ST	26. 103 COMMENCE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. SUITE 130	27. SUITE 130
City & State	City & State
23. LAKE MARY, FL	28. LAKE MARY, FL
Zip	Zip
24. 32746	29. 32746
Country	Country
25. USA	30. USA

9. Name and Address of Current Registered Agent

BERGERON, PHILIP J
103 COMMENCE ST., SUITE 130
LAKE MARY FL 32751

10. Name and Address of New Registered Agent

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, PHILIP	1.2 NAME	
STREET ADDRESS	103 COMMENCE ST., SUITE 130	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, PATRICIA	2.2 NAME	
STREET ADDRESS	159 LOOKOUT PLACE #101	2.3 STREET ADDRESS	100002350931-7
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	-11/18/97--01083--001
TITLE		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		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		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		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: X



November 3, 1997

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: 1997 Profit Corporation Annual Report

To Whom It May Concern:

This letter is in reference to our 1997 Profit Corporation Annual Report. According to your office you never received our payment or signed report. This report was mailed on August 3, 1997. I have enclosed copies of the certified mail receipts signed by your office and a resigned copy of the report as per your instructions. I have also enclosed a check in the amount of \$550.00 and will put a stop payment on the check that was lost.

If you need any further information, please contact my office.

Sincerely,

Jessica Muller
Payroll Supervisor

Enclosure