

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J88087 (8)**

1. Corporation Name  
**TALLON/BICZEK CONSTRUCTION, INC.**



Principal Place of Business <b>% DAVID H. SIMMONS 120 S ORANGE AVE. ORLANDO FL 32801-3204</b>	Mailing Address <b>% DAVID H. SIMMONS 120 S ORANGE AVE. ORLANDO FL 32801-3204</b>
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2. Principal Place of Business 21 <b>7600 Dr. Phillips Blvd.</b>	2a. Mailing Address 26 <b>% David H. Simmons</b>	3. Date Incorporated or Qualified <b>08/18/1987</b>	3a. Date of Last Report <b>04/02/1996</b>
Suite, Apt. #, etc. 22 <b>Ste. #2</b>	Suite, Apt. #, etc. 27 <b>332 North Magnolia Av.</b>	4. FEI Number <b>59-2847132</b>	Applied For Not Applicable
City & State 23 <b>Orlando, FL</b>	City & State 28 <b>Orlando, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24 <b>Orange</b>	Zip 29 <b>32801-1609</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country 25 <b>Orange</b>	Country 30 <b>Orange</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SIMMONS, DAVID H. 120 SOUTH ORANGE AVE. ORLANDO FL 32802</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <b>332 North Magnolia Av.</b>	
83		84 City <b>Orlando</b>	
		85 Zip Code <b>FL 32801-1609</b>	

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 <b>PD</b>	<input type="checkbox"/> DELETE <b>TALLON, LARRY 401 W. MAIN ST WINDERMERE FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS <b>6113 Masters Blvd.</b>	
CITY - ST - ZIP		1.4 CITY - ST - ZIP <b>Orlando, FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VST</b>	<input type="checkbox"/> DELETE <b>BICZEK, JAMES F. 7600 DR PHILLIPS BLVD #2 ORLANDO FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS <b>6158 Masters Blvd.</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>Orlando, FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>BICZEK, JAMES F. 7600 DR PHILLIPS BLVD #2 ORLANDO FL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS <b>6158 Masters Blvd.</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Orlando, FL 32819</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JAMES F. BICZEK 4/30/97 407/876-7730  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)