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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J89666 (8)
1. Corporation Name
CARLSON AND COMPANY CONTRACTORS, INC.

Principal Place of Business
1890 MEALY STREET
ATLANTIC BEACH FL 32233

Mailing Address
3409 PINE ISLAND CT
JAX FL 32224
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2409 Pine Island CT	26 2409 Pine Island CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 JAX FLA	28 JAX FLA
24 32224	29 32224
25 FLA	30 FLA

3. Date Incorporated or Qualified	Applied For
08/25/1987	Not Applicable
4. FEI Number	
59-2854575	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent
CARLSON, FRED
1890 MEALY STREET SOUTH
ATLANTIC BEACH FL 32233

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	D	1.1 TITLE	D
NAME	CARLSON, FRED	1.2 NAME	CARLSON, Fred
STREET ADDRESS	1890 MEALY STREET	1.3 STREET ADDRESS	2409 Pine Island Ct
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	JAX FLA 32224
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____ FRED CARLSON 3/4/98 (9001) 9922005

CR2E034 (10/97)