


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

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Apr 22 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 # J90332 (4)																																																																				
1. Corporation Name APEX CONSTRUCTION MANAGEMENT, INC.																																																																				
Principal Place of Business % BOBBY L. BEAVERS 13751 PLEASANT VALLEY DR JACKSONVILLE FL 32225			Mailing Address % BOBBY L. BEAVERS 13751 PLEASANT VALLEY DR JACKSONVILLE FL 32225-1914																																																																	
2. Principal Place of Business 21 <i>3047 Cypress Creek Dr. E.</i> Suite, Apt. #, etc.		2a. Mailing Address 26 <i>3047 Cypress Creek Dr. E.</i> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/28/1987																																																																
22 City & State 23 <i>Ponte Vedra, Florida</i> Zip Country 24 <i>32082</i> 25 <i>USA</i>		27 City & State 28 <i>Ponte Vedra, Florida</i> Zip Country 29 <i>32082</i> 30 <i>USA</i>		3a. Date of Last Report 04/26/1996																																																																
9. Name and Address of Current Registered Agent BEAVERS, BOBBY L. 13751 PLEASANT VALLEY DR JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent 81 Name <i>Bobby L. Beavers</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>3047 Cypress Creek Dr. E.</i> 83 <i>Ponte Vedra</i> 84 City FL 85 Zip Code <i>32082</i>																																																																		
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																																																																				
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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 or changed, or on an attachment with an address.																																																																				
SIGNATURE: <i>[Signature]</i> 9-14-97 9092730729																																																																				



CR2E034 (9/96)