


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98901 (8)  
1. Corporation Name  
DUNHILL CONSTRUCTION OF FLORIDA, INC.

Principal Place of Business  
1044 NW 124 DR  
NEWBERRY FL 32669  
US

Mailing Address  
PO BOX 14080  
GAINESVILLE FL 32604  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11633 S.W. 6th Lane Suite, Apt. #, etc. 22 City & State 23 Gainesville, FL Zip 24 32607		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Alachua Country 30		3. Date Incorporated or Qualified 10/21/1987	
4. FEI Number 59-2864733		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCOTT, BASTING D. 1044 NW 124 DR NEWBERRY FL 32669		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 FL	
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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	D	1.1 TITLE	D
NAME	BASTING, D. SCOTT	1.2 NAME	BASTING, D. SCOTT
STREET ADDRESS	1044 NW 124 DR	1.3 STREET ADDRESS	11633 S. W. 6th Lane
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	PST	2.1 TITLE	PST
NAME	BASTING, D. SCOTT	2.2 NAME	BASTING, D. SCOTT
STREET ADDRESS	1044 NW 124 DR	2.3 STREET ADDRESS	11633 S.W. 6th Lane
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	Gainesville, FL 32607
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; that I received or trustee employed 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 my address.

SIGNATURE:

4/2/98

CR2E034 (10/97)