


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K08182** (3)
1. Corporation Name
VEON & SONS CONSTRUCTION, INC.

Principal Place of Business
**1400 BISHOP ESTATES RD.
JACKSONVILLE FL 32259**

Mailing Address
**1400 BISHOP ESTATES RD.
JACKSONVILLE FL 32259
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5049 Highway 17 South Suite, Apt. #, etc. 22 City & State 23 Green Cove Springs, Fl. Zip Country 24 32043 25 Clay		2a. Mailing Address 26 5049 Highway 17 South Suite, Apt. #, etc. 27 City & State 28 Green Cove Springs, Fl. Zip Country 29 32043 30 Clay		3. Date Incorporated or Qualified 12/21/1987	
		4. FEI Number 59-2859126		Applied For <input type="checkbox"/> 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	
		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			

9. Name and Address of Current Registered Agent VEON, VIRGINIA 283 ORANGE AVENUE JACKSONVILLE FL 32259		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5284 Highway 17 South 83 84 City Green Cove Springs FL 85 Zip Code 32043	
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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	P D. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEON, FRANCIS D.	1.2 NAME	
STREET ADDRESS	283 ORANGE AVENUE	1.3 STREET ADDRESS	5284 Highway 17 South
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEON, VIRGINIA	2.2 NAME	
STREET ADDRESS	283 ORANGE AVENUE	2.3 STREET ADDRESS	5284 Highway 17 South
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEON, TROY D.	3.2 NAME	
STREET ADDRESS	2946 CAMPBELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEON, ROBERT E.	4.2 NAME	
STREET ADDRESS	12580 KNOTAH RD	4.3 STREET ADDRESS	5292 Highway 17 South
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Green Cove Springs, Fl. 32043
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 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: *Francis D. Veon* Francis D. Veon 4/20/98 904-284-3181

CR2E034 (10/97)