

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:14

DOCUMENT # **K51687** (7)
MICHAEL E. POWELL, GENERAL CONTRACTOR, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
% MICHAEL E. POWELL 1019 SE 5TH TERR CAPE CORAL FL 33990		% MICHAEL E. POWELL 1019 SE 5TH TERR CAPE CORAL FL 33990		12/15/1988	03/23/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0094916	Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Country	29 Country	30	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, MICHAEL E. 1019 SE 5TH TERR CAPE CORAL FL 33990				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME	D POWELL, MICHAEL E. 1019 SE 5TH TERR CAPE CORAL FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 STREET ADDRESS		12 NAME	
103 CITY - ST - ZIP		13 STREET ADDRESS	
104		14 CITY - ST - ZIP	
105 NAME	D MAYEAUX-POWELL CHERYL 1019 SE 5TH TERR CAPE CORAL FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 STREET ADDRESS		22 NAME	
107 CITY - ST - ZIP		23 STREET ADDRESS	
108		24 CITY - ST - ZIP	
109 NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110 STREET ADDRESS		32 NAME	
111 CITY - ST - ZIP		33 STREET ADDRESS	
112		34 CITY - ST - ZIP	
113 NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 STREET ADDRESS		42 NAME	
115 CITY - ST - ZIP		43 STREET ADDRESS	
116		44 CITY - ST - ZIP	
117 NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118 STREET ADDRESS		52 NAME	
119 CITY - ST - ZIP		53 STREET ADDRESS	
120		54 CITY - ST - ZIP	
121 NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 STREET ADDRESS		62 NAME	
123 CITY - ST - ZIP		63 STREET ADDRESS	
124		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my appointment shall have the same legal effect as if made under oath. That I am an officer or director of the corporation on the record of the 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: *Michael E. Powell* Michael E. Powell 2-9-95 813-574-6782
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Original Filing