

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K63860**
1. Corporation Name

Lone STAR CONST INC.

Principal Place of Business: **10582 LAKE IAMONIA DR TALLAHASSEE FLA 32312**
Mailing Address: **TALLAHASSEE FLA 32312**

2. Principal Place of Business: **S.A.A.**
21. Suite, Apt. #, etc: **S.A.A.**
22. City & State: **S.A.A.**
23. Zip: **32312**
24. Country: **USA**
25. Country: **USA**
26. Mailing Address: **SAME**
27. City & State: **SAME**
28. Zip: **32312**
29. Country: **USA**
30. Country: **USA**

3. Date Incorporated or Qualified: **7-7-89**
3a. Date of Last Report: **9-20-96**
4. FEI Number: **59-2989323**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **NANCY SMITH, 10582 LK. IAMONIA DR, TALLAHASSEE, FLA 32312**
10. Name and Address of New Registered Agent: **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 1996	
TITLE	NAME	1. TITLE	2. NAME
<input type="checkbox"/> DELETE	NANCY SMITH	1.1 TITLE	
	10582 LK. IAMONIA DR.	1.2 NAME	
	TALLAHASSEE, FLA 32312	1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
<input type="checkbox"/> DELETE	MIKE SMITH	2.1 TITLE	
	10582 LK. IAMONIA DR.	2.2 NAME	
	TALLAHASSEE, FLA 32312	2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

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*****225.00**

07-02-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **6-26-96** 668-1055

CR2E034 (12/95)