

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90198 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K70809
 1. Corporation Name
LEBEAU CONSTRUCTION, INC.

Principal Place of Business 1193 ENTERPRISE DRIVE SUITE A-3 PORT CHARLOTTE FL 33953 US	Mailing Address P O BOX 380456 MURDOCK FL 33938-0456 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1333 McCall Road Suite, Apt. #, etc. 22 City & State 23 Port Charlotte, Fl Zip 24 33981 Country 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 03/03/1989	Applied For Not Applicable
4. FEI Number 65-0109677	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HEEKIN, JOHN CHARLES
21202 C-2 OLEAN BLVD.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEBEAU, ALAN L.		1.2 NAME	
STREET ADDRESS 1193 ENTERPRISE DR		1.3 STREET ADDRESS 1333 McCall Road	
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 CITY-ST-ZIP Port Charlotte, Fl.33981	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEBEAU, DEBRA A.		2.2 NAME	
STREET ADDRESS 1193 ENTERPRISE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TERRY, JAMES W		3.2 NAME	
STREET ADDRESS 1193 ENTERPRISE DR		3.3 STREET ADDRESS 1333 McCall Road	
CITY-ST-ZIP POART CHARLOTTE FL		3.4 CITY-ST-ZIP Port Charlotte, fl.33981	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:  Alan L. LeBeau **President** 2/4/99 (941)698-9376

CR2E034 (11/98)