

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

**FILED**  
**Mar 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K79532**  
 1. Corporation Name  
**PADRON'S CONSTRUCTION OF CENTRAL FLORIDA, INC.**

Principal Place of Business: **10525 Spring Hill Dr. Spring Hill, FL 34608**  
 Mailing Address: **P.O. Box 5157 Spring Hill, FL 34611**

2. Principal Place of Business 21 <b>10525 Spring Hill Dr.</b>		2a. Mailing Address 26 <b>10525 Spring Hill Dr.</b>		3. Date Incorporated or Qualified <b>04/12/1989</b>	3a. Date of Last Report <b>02/07/1996</b>
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2945792</b>	Applied for Not Applicable
City & State 23 <b>Spring Hill, FL</b>		City & State 28 <b>Spring Hill, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>34608</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>34608</b>	Country 30 <b>U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, 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	
<b>PADRON, DAVID L.</b> <b>2288 EVENGLOW</b> <b>SPRING HILL, FL 34609</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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: \_\_\_\_\_ (Signature typed or printed name of registered agent and fee if applicable) (50% Registered Agent signature required w/ or translating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, DAVID L.</b>	12 NAME	
STREET ADDRESS	<b>2288 EVENGLOW</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, LAWRENCE</b>	22 NAME	
STREET ADDRESS	<b>2288 EVENGLOW</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	24 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, ROSEMARY</b>	32 NAME	
STREET ADDRESS	<b>2288 EVENGLOW</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 in an appointment with an address.

SIGNATURE: *[Signature]* **DAVID L. PADRON, President** Date: **3/11/97**

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*[Handwritten initials]*  
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