


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

FILED
Mar 16 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 # L11116 (5)
1. Corporation Name
B. L. ETHRIDGE CONSTRUCTION, INC.

Principal Place of Business
2492 SPRING VALE RD
JACKSONVILLE FL 32246
US

Mailing Address
2492 SPRING VALE RD
JACKSONVILLE FL 32246
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12742 MUIRFIELD BLVD SO. Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip 24 32225 Country 25 DUVAL		2a. Mailing Address 26 12742 MUIRFIELD BLVD SO. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32225 Country 30 DUVAL		3. Date Incorporated or Qualified 08/21/1989	
		4. FEI Number 59-2967770		Applied For 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 ETHRIDGE, B.L. 2492 SPRING VALE RD JACKSONVILLE FL 32246		10. Name and Address of New Registered Agent 81 Name ETHRIDGE, B.L. 82 Street Address (P.O. Box Number is Not Acceptable) 12742 MUIRFIELD BLVD SO. 83 84 City JACKSONVILLE FL 85 Zip Code 32225	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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 my address.

SIGNATURE:  B. L. ETHRIDGE 3-4-98 904 5659049

CP2E034 (10/97)