

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

1997 OCT 10 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L21645 (1)
1. Corporation Name
R.A. VANWINKLE CONSTRUCTION COMPANY



Principal Place of Business 471 GRAY ST 975 NORTH COLLIER BLVD. MARCO ISLAND FL 33937 US	Mailing Address 471 GRAY CT 975 NORTH COLLIER BLVD. MARCO ISLAND FL 33937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 880 10TH AVE SO Suite, Apt. #, etc. 22 975 NO COLLIER BLVD City & State 23 MARCO ISLAND FL Zip 24 34145 Country 25 USA	2a. Mailing Address 26 880 10TH AVE SO Suite, Apt. #, etc. 27 975 NO COLLIER BLVD City & State 28 MARCO ISLAND FL Zip 29 34145 Country 30 USA
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3. Date Incorporated or Qualified 10/06/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0153181	Applied For <input type="checkbox"/> 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
**WINKLE, ROBERT A VAN
471 GRAY CT.
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name VAN WINKLE, ROBERT A
82 Street Address (P.O. Box Number is Not Acceptable) 880 10TH AVE SOUTH
83 975 NO COLLIER BLVD
84 City MARCO ISLAND FL
85 Zip Code 34145

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 Sally Ann Van Winkle (NOTE: Registered Agent signature required when reinstating) DATE **10-1-97**

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME VAN WINKLE, ROBERT A.	
STREET ADDRESS 471 GRAY CT.	
CITY-ST-ZIP MARCO ISLAND FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME VAN WINKLE, SALLY ANN	
STREET ADDRESS 471 GRAY CT.	
CITY-ST-ZIP MARCO ISLAND FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 880 10th Ave So, #4	
1.4 CITY-ST-ZIP Naples FL 34102	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 880 10th Ave So, #4	
2.4 CITY-ST-ZIP Naples FL 34102	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 800002319838	
3.4 CITY-ST-ZIP -10/14/97--01036--015	
	****750.00 ****750.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

14. I do 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.

SIGNATURE Sally Ann Van Winkle DATE **10-1-97 (au) 403-0814**

CR2E034 (4/97)

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Please note change of address for:

**R.A. Van Winkle Construction Co., Inc.
880 10th Avenue South, #104
Naples FL 34102
(941) 403-0864**

Sorry about the delay in filing; we moved this summer & the paperwork was lost in the shuffle. please let me know if further action is in order.