

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L51538** (1)
1. Corporation Name
STURDIVANT CONSTRUCTION COMPANY, INC.

Principal Place of Business
**401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140**

Mailing Address
**401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140**

FILED

97 OCT 27 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1990	07/22/1996
4. FEI Number	Applied For
59-2993867	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

**STURDIVANT, THOMAS B
401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 **Thomas B. Sturdivant Pres** *Thomas B. Sturdivant* 9/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STURDIVANT, THOMAS B	
STREET ADDRESS	401 W. HILLSBOROUGH AVE.	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STURDIUANT, JOHN K	
STREET ADDRESS	128 MARION STREET	
CITY-ST-ZIP	FLORAHOME FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STURDIVANT, JOHN C	
STREET ADDRESS	128 MARION STREET	
CITY-ST-ZIP	MIDDLESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STURDUANT, DEBRA	
STREET ADDRESS	401 W. HILLSBOROUGH AVENUE	
CITY-ST-ZIP	FLORAHOME FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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 *Thomas B. Sturdivant* 9/16/97

CR2E034 (4/97)