## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L62502

(4)

FREER CONSTRUCTION, INC.

Principal Place of Business	Mading Address				
B219 GRAND BAY BLVD 8729-NLAGGON DRIVE PANAMA CITY BEACH FL 32408 US				Date Incorporated or Qualified   3a. Date of Last Report	
05	03			04/18/1996	
2. Principa Place of Business	2a. Mailing Address		03/30/1990 4. FEI Number	Applied For	
1 8219 GRAND 1	BAY Blud 26 SAME		59-3006607	Not Applicable	
Surc. Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  SAM (	City & State 28 SAMe		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Cour	lumm 71	Country 30 SAME	1707700 01010100	Yes No	
9. Name and Add	iress of Current Registered Agent		10, Name and Address of New Reg	Istered Agent	
FREER, RUTH A.		81 Name			
8219 GRAND BAY BLVD PANAMA CITY BEACH FL 32408		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84 City		FL 85 Zip Code	
<ol> <li>Pursuant to the provisions of Si office or registered agent, or be agent. I am famility with, and a</li> </ol>	ections 607.0502 and 607.1508, Fiorida Statute off, in the State of Florida, Such change was a accept the obligations of, Section 607.0505, Flo	es, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the pition's board of directors. I hereby acception's	urpose of changing its registered the appointment as registered	
SIGNATURE Same or As a state of the order of the	une o more brunt agent and filte it applicable. (NOTE	E: Hogislared Agent s gnature requi	ited when reinstation)	1.97 DAYE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
nu D	DELETE	11 TITLE		Change Additi	
AME FREER, RUTH A		1.2 NAME			
orer i adoress   8729 N. LAGOO		1.3 STREET ADDRESS			
nty-st-2# PANAMA CITY B		1.4 CITY - ST - ZIP			
IILE	DELETE	2.1 TITLE		Change Addition	
AMF		2.2 NAME			
TREET ADDRESS;		2 3 STREET ADDRESS			
DITY ST-77		2 4 CITY - ST - ZIP			
IT,F	DELETE	3 1 TITLE		Change	
HAMI		32 NAME	• •	F 1 T	
STHELT ASSURESS		3.3 STREET ADDRESS			
CL <sub>2</sub> x - 24 - 30;		3.4 CITY-ST-ZIP			
TIE. 6	☐ DELETE	4.1.7(f) F		Change Addition	

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 it changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE

NAME

THE

TITLE

NAME SARGET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-\$1 7P

CITY 51-745

STUBBLE OR PRINTED NAME OF STONING OFFICER OF DIRECTOR

DELETE

DELETE

4-1.97 235-0631

Change

Change

\_\_\_ Addition

Addition

**FILED** 

Apr 07 1997 8:00am

Secretary of State

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