

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L92441 (9)**
1. Corporation Name

FUTURISTIC CONSTRUCTION, INC.



Principal Place of Business: **219 E MAGNOLIA ARCADIA FL 33821 US**
Mailing Address: **2315 AARON STREET PORT CHARLOTTE FL 33952 US**

3. Date Incorporated or Qualified: **08/10/1990**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **65-0210504**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **219 E. Magnolia**
2a. Mailing Address: **2315 Aaron Street**
21. Suite, Apt. #, etc.
22. City & State: **Arcadia, Florida**
23. Zip: **33821** Country: **US**
24. City & State: **Arcadia, Florida**
25. Zip: **33821** Country: **US**

9. Name and Address of Current Registered Agent
~~CARR, CAROL H.M.
2315 AARON STREET
PORT CHARLOTTE FL 33952~~
Resigned
DAROL H. M. CARR

10. Name and Address of New Registered Agent
81. Name: **Tim L. Paul**
82. Street Address (P.O. Box Number is Not Acceptable): **219 E. Magnolia St.**
83. City: **Arcadia** State: **FL** Zip Code: **33821**
84. City: **Arcadia** State: **FL** Zip Code: **33821**

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: *Tim L. Paul* **PRESIDENT** **Tim L. PAUL** **4/28/96**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PD	PAUL, TIMOTHY L	219 EAST MAGNOLIA STREET ARCADIA FL	
	VD	WATSON, JOHN O JR	360 MCGREGOR ST PUNTA GORDA FL	
	SD	PAUL AVA A	219 EAST MAGNOLIA STREET ARCADIA FL	
	TD	WATSON, GAYLE	360 MCGREGOR ST PUNTA GORDA FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: *Tim L. Paul* **Tim L. PAUL** **4/28/96** **941-993-1376**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)