

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M79998 (4)

1. Corporation Name
CIVIL-TECH, INC.

Principal Place of Business
12 SOUTH MAIN STREET
BROOKSVILLE FL 34801
US

Mailing Address
P. O. BOX 655
BROOKSVILLE FL 34805-0655
US



3. Date Incorporated or Qualified 05/06/1988	3a. Date of Last Report 09/06/1996
4. FEI Number 59-2895914	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent GARMAN, ALAN K 12 S. MAIN STREET BROOKSVILLE FL 34801	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
	FL

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																																																																																																																																				
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GARMAN, ALAN K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>934 CEDAR DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>TITTERINGTON, LYLE R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8848 HEATHER BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ELLIOTT, HEATHER L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>141 LUCAS DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GARMAN, ALAN K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>934 CEDAR DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	GARMAN, ALAN K.		STREET ADDRESS	934 CEDAR DR.		CITY - ST - ZIP	BROOKSVILLE FL		TITLE	VP	<input checked="" type="checkbox"/> DELETE	NAME	TITTERINGTON, LYLE R.		STREET ADDRESS	8848 HEATHER BLVD.		CITY - ST - ZIP	BROOKSVILLE FL		TITLE	S	<input type="checkbox"/> DELETE	NAME	ELLIOTT, HEATHER L.		STREET ADDRESS	141 LUCAS DRIVE		CITY - ST - ZIP	BROOKSVILLE FL		TITLE	T	<input type="checkbox"/> DELETE	NAME	GARMAN, ALAN K.		STREET ADDRESS	934 CEDAR DRIVE		CITY - ST - ZIP	BROOKSVILLE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Matassa, Richard J.</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>7453 Canturbury St.</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td>Spring Hill, FL 34606</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	Matassa, Richard J.		2.3 STREET ADDRESS	7453 Canturbury St.		2.4 CITY - ST - ZIP	Spring Hill, FL 34606		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		
TITLE	P	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	GARMAN, ALAN K.																																																																																																																																				
STREET ADDRESS	934 CEDAR DR.																																																																																																																																				
CITY - ST - ZIP	BROOKSVILLE FL																																																																																																																																				
TITLE	VP	<input checked="" type="checkbox"/> DELETE																																																																																																																																			
NAME	TITTERINGTON, LYLE R.																																																																																																																																				
STREET ADDRESS	8848 HEATHER BLVD.																																																																																																																																				
CITY - ST - ZIP	BROOKSVILLE FL																																																																																																																																				
TITLE	S	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	ELLIOTT, HEATHER L.																																																																																																																																				
STREET ADDRESS	141 LUCAS DRIVE																																																																																																																																				
CITY - ST - ZIP	BROOKSVILLE FL																																																																																																																																				
TITLE	T	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	GARMAN, ALAN K.																																																																																																																																				
STREET ADDRESS	934 CEDAR DRIVE																																																																																																																																				
CITY - ST - ZIP	BROOKSVILLE FL																																																																																																																																				
TITLE		<input type="checkbox"/> DELETE																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY - ST - ZIP																																																																																																																																					
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
2.2 NAME	Matassa, Richard J.																																																																																																																																				
2.3 STREET ADDRESS	7453 Canturbury St.																																																																																																																																				
2.4 CITY - ST - ZIP	Spring Hill, FL 34606																																																																																																																																				
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: Alan K. Garman 3-19-97 352-746-6319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)