

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

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**Apr 23 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 # M90725 (6)**  
1. Corporation Name  
**PERTREE CONSTRUCTORS, INC.**



Principal Place of Business Mailing Address  
**845 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714  
US** **845 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714-3901  
US**

3. Date Incorporated or Qualified **07/18/1988** 3a. Date of Last Report **04/16/1996**  
4. FEI Number **59-2903920** Applied For  
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 has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

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 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**PERTREE, J. MICHAEL  
~~2109 SILVER LEAF CT~~ 2217 Butler Bay Dr.  
~~LONGWOOD FL 32778~~ North  
Windermere, FL  
34786**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, ANDREW D</b>	
STREET ADDRESS	<b>18 N FERNCREEK AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'BRIEN, G THOMAS</b>	
STREET ADDRESS	<b>657 E LAKE DR</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYERS, BRENDA R</b>	
STREET ADDRESS	<b>2415 COVEDALE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PERTREE, J MICHAEL</b>	
STREET ADDRESS	<b>2109 SILVER LEAF CT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
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	<b>546 Wekiva Landing Drive</b>
1.4 CITY-ST-ZIP	<b>Apopka, FL 32712</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2217 Butler Bay Drive North</b>
4.4 CITY-ST-ZIP	<b>Windermere, FL 34786</b>
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 a address.

SIGNATURE **J. Michael Pertree** (407) 889-0039

CR2E034 (9/96)