

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19758**

(2)

1. Corporation Name
JOSHCO CONSTRUCTION, INC.



Principal Place of Business 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US	Mailing Address 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US
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3. Date Incorporated or Qualified 06/22/1988	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 499 Alternate Keene Rd Suite, Apt. #, etc. 22 City & State 23 Largo, FL Zip 24 33771 Country 25 U.S.	2a. Mailing Address 26 1107 Hazeltine Blvd Suite, Apt. #, etc. 27 #200 City & State 28 Chaska MN Zip 29 55318 Country 30 U.S.
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4. FEI Number 41-1615817	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RUSSELL, TERRY
499 ALTERNATE KEENE ROAD
LARGO FL 33641**

81 Name	10. Name and Address of New Registered Agent
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

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	PVS <input type="checkbox"/> DELETE
NAME	GOODMAN, JOHN B.
STREET ADDRESS	1712 HOPKINS CROSSROAD
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	TD <input type="checkbox"/> DELETE
NAME	GOODMAN, JOHN B.
STREET ADDRESS	1712 HOPKINS CROSSROAD
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	1107 Hazeltine Blvd #200
1.4 CITY-ST-ZIP	Chaska, MN 55318
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1107 Hazeltine Blvd #200
2.4 CITY-ST-ZIP	Chaska, MN 55318
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: **X** **JOHN B. GOODMAN** **4/24/97** **612-361-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0627711

CR2E034 (9/96)