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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P32552 (2)
1. Corporation Name
DANNY'S CONSTRUCTION COMPANY, INCORPORATED



Principal Place of Business
1086 W THIRD AVE
SHAKOPEE MN 55379

Mailing Address
P.O. BOX 11
SHAKOPEE MN 55379

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0960593	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	1086 W 3RD AVE SHAKOPEE MN		
CITY-ST-ZIP	SHAKOPEE MN		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	1086 W 3RD AVE SHAKOPEE MN		
CITY-ST-ZIP	SHAKOPEE MN		
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CITY-ST-ZIP	SHAKOPEE MN		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	1086 W 3RD AVE SHAKOPEE MN		
CITY-ST-ZIP	SHAKOPEE MN		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.3 STREET ADDRESS	President William O. Mizell		
1.4 CITY-ST-ZIP	1066 W 3rd Ave, P.O. Box 11 Shakopee, MN 55379		
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 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 recorder 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.

SIGNATURE: Alissa Schneider 612 445 4143

CR2E034 (10/97)