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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

1156 BAYVIEW LANE

THE HAMI

SUITE ADDRESS

SIGNATURE:

DOCUMENT # P9300004851 (0)

Mailing Address

1156 BAYVIEW LANE

CONSTRUCTION SITE MANAGEMENT, INC.

GULF BREEZE FL 32561-2714 GULF BREEZE FL 32561-3302 3a. Date of Last Report 3. Date Incorporated or Qualified 01/15/1993 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3161472 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 Oity & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CLARK, CONNIE 1156 BAYVIEW LANE Street Address (P.O. Box Number is Not Acceptable) 62 **GULF BREEZE FL 32561-2714** 83 84 City 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. Signaturi, type for profed name of registered agen, and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ___ Addition 1.1 TITLE THE CLARK, CONNIE 1.2 NAME NAME 1156 BAYVIEW LANE STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL 32561-2714** 14 City-St-ZiP CHY-ST Zer DELETE Change Addition HU 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Off Y- \$1 - 7.0 DELETE Change Addition 3.1 TITLE 1d.F NAVE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CIN-SUZE 3.4. CITY-ST-ZIP DELETE 4.1 TITLE THE 4. 2 NAME NSMi 4.3 STREET ADDRESS STREET ASJURESS 4.4 CITY-ST-ZIP COLY-IST, ZVE DELETE Change Addition THLE 5.1 TITLE 5.2 NAME **5 3 STREET ADDRESS** STREET ALORESS 54 CITY-ST-ZIP OILY S1-741 800002141408 -04/14/97--01004--016 DELETE Addition 61 TITLE

62 NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby cortly 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 many attachment with an address.

***165.00