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APPROVED AND FILED

97 OCT -6 AM 11:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morthern, Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000014594  
 Corporation Name: ADVANCED BUILDING COMPANY of North Florida, Inc.

Principal Place of Business: 981 Irma Way, St. Augustine, Fl. 32086  
 Mailing Address: 981 Irma Way, St. Augustine, Fl. 32086

3. Date Incorporated or Qualified: Feb. 26, 1993  
 5a. Date of Last Report

1. Principal Place of Business: 981 Irma Way, Suite, Apt. #, etc.	2a. Mailing Address: 981 Irma Way, Suite, Apt. #, etc.	4. FEl Number: 59-3173342	Applied For: Not Applicable
2. City & State: St. Augustine, Fl.	2b. City & State: St. Augustine, Fl.	5. Certificate of Status Desired: <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
3. Zip: 32086, Country: USA	3b. Zip: 32086, Country: USA	6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
 Clark Schaffer, CPA.  
 100 Southpark Blvd.  
 Suite 407  
 St. Augustine, Fl. 32086

10. Name and Address of New Registered Agent  
 81 Name: Heather D. Michael (981 Irma Way, St. Augustine, Fl. 32086)  
 82 Street Address: (P.O. Box Number is Not Acceptable)  
 83 300002915653-9  
 -10/18/97-01124-020  
 84 City: FL, Zip: 173, PS Zip Code: 173, 75

1. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 consent to the change of Section 807.0508, Florida Statutes.  
 SIGNATURE: Heather D. Michael  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: Feb. 22, 1993

2. OFFICERS AND DIRECTORS

TITLE: Warren T. Michael (CEO)	DELETE: <input type="checkbox"/>
STREET ADDRESS: 981 Irma Way, St. Augustine, Fl. 32086	
TITLE: Heather D. Michael (VP/SEC)	DELETE: <input type="checkbox"/>
STREET ADDRESS: 981 Irma Way, St. Augustine, Fl. 32086	
TITLE: Jerry D. Norris (OFFICER OF SAFETY)	DELETE: <input type="checkbox"/>
STREET ADDRESS: 19 Oak St., St. Augustine, Fl. 32085	
TITLE: Brett Baxter (VP of Operations)	DELETE: <input checked="" type="checkbox"/>
STREET ADDRESS: (VP of Operations)	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Dave A. Long	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: 8 Davis Street (VP of Operations)	
1.3 STREET ADDRESS: St. Augustine, Fl. 32095	
1.4 CITY - ST - ZIP:	
2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	
3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 9-22-97 Daytime Phone #: 904-994-5500