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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033387 (0)

ORR'S L		OUND CONST	RUCTION, IN	IC.						11 411 110 1111		
Principal Flace of Business Mailing Address								-	1003/4001 118 10100 1181 0011 0711 001		AA MAAL HAAI WIII	
ROUTE 2. BOX ARCADIA FL 33		JTE 2. BOX 731-C ADIA FL 34266-9802										
							3. Date Incorporated or Qualified				eport	
2. Frincipal F	lace of Busin	ness	<u> </u>	2a. Mailing Address				4.	FEI Number			plied For
Suite, Apt	# etc		26 Sui	Suite, Apt. #, etc.					65-0417880		\$8.75 A	t Applicable
22	W. 1765		h	27				Б.	Certificate of Status Desired		Fee Re	
City & Stat	te			City & State				6.	Election Campaign Financing		\$5.00	May Be
23			28					╄	Trust Fund Contribution		Added t	
Ζιρ 24		Country 25	29 29	F				8.	This corporation has liability for Florida Statutes		ele tax under s.	199.032,
9. Name and Address of Current Registered Agent								10.	Name and Address of New R			
ORR	, MARK W				81	Na	me					
	TE 2, BOX					Str	eet Addre	95S (P.O. Box Number is Not Accepta	ble)		
ARCADIA FL 33821					83	 -						·····
						<u> </u>						
						84 City				FI	L 85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607	0502 and 607.1	508, Florida Statu	tes, the abov	e-nar	ned corp	oratio	on submits this statement for the			s registered
office or r agent. La	registered aç ım familiar w	gent, or both, in the S ith, and accept the o	tate of Florida. S bligations of, So	ction 607.0505, Fl	autnorizeo by lorida Statute:	y tne s.	corporate	on s i	on submits this statement for the board of directors. I hereby acceptant	ept the at	pointment as	registered
SIGNATURE	55											
12.	Signature, typed	or printed name of registers OFFICERS	AND DIRECTO				gistered Agent signature required		ADDITIONS/CHANGES TO OFFI	DATE CERS AN	ND DIRECTOR	S IN 12
TIFLE	D			DELETE	1.1 TITLE						Change	Addition
NAME	ORR, MAI				1.2 NAME							
STREET ACORESS		, BOX 731-C		1.3 \$			1.3 STREET ADDRESS					
C11Y - S1 - Z1P		FL 33821		Diere	14 CiTY-5	ST-ZiP						1 4 4 4 9 7
TITLE	D ODD MAI	RSHALL P		DELETE	21 TITLE 22 NAME		-				Change	Addition
NAME STREET ADDRESS		FICE BOX 2434					2.3 STREET ADDRESS					
CHY-ST-ZIP		FL 33821					.33					
101 E				DELETE	2 4 CITY- 3.1 TITLE						Change	Addition
NAME]			3.2 N/			1					
STREET ADDRESS					33 STREET	ADDR	:SS					
City - St - 7iP		, , , , , , , , , , , , , , , , , , ,		Lociete	3.4. CiTY-	ST-ZIP						T Addition
TILE)			DELETE	4.1 TITLE]				Change	Addition
NAME STREET ADDRESS					4. 2 NAME 4.3 STREET		:50					
CITY: ST-ZIP	}				4.4 CITY-S							
10LF				DELETE	5.1 TITLE		_				Change	Addition
NAME.	ĺ				5.2 NAME							
STREET ADDRESS					53 STREET	r addr	ess					
CITY ST-ZO				T process	5.4 CITY - S	ST- ZIP						1 2 1200
TILE	}			DELETE	6.1 TITLE		1				L Change	Addition
NAME CONTRACTOR					6.2 NAME	T ADDO	.00					
STREET ADDRESS	1				6.3 STREET	LAUUK	-99 J					l.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST-ZIF

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.

FILED

Apr 11 1997 8:00am

Secretary of State