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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000034771 (4)

1. Corporation Name
BRIARWOOD CONSTRUCTION, INC.



Principal Place of Business
1493 KOLENDA
PORT CHARLOTTE FL 33952

Mailing Address
1493 KOLENDA
PORT CHARLOTTE FL 33952-2614

3. Date Incorporated or Qualified 05/10/1993	3a. Date of Last Report 07/02/1996
4. FEI Number 65-0458849	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
BAXENDALE, IRENE
1493 KOLENDA
PORT CHARLOTTE FL 33952

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	
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]* TONY INABNITT (SEC) 4-30-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BAXENDALE, IRENE 1493 KOLENDA PORT CHARLOTTE FL 33952	1.1 TITLE	ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PHIL TENK
STREET ADDRESS		1.3 STREET ADDRESS	771 HALLEY BLVD ST.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	PT. CHARLOTTE, FL 33948
TITLE	VD BAXENDALE, THOMAS 1493 KOLENDA PORT CHARLOTTE FL 33952	2.1 TITLE	ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	MATTHEW CAMPBELL
STREET ADDRESS		2.3 STREET ADDRESS	22320 LASALLE ST.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PT. CHARLOTTE, FL 33952
TITLE	TD INABNITT, RACHAEL 1493 KOLENDA PORT CHARLOTTE FL 33952	3.1 TITLE	ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	R. SCOTT TAYLOR
STREET ADDRESS		3.3 STREET ADDRESS	2066 MIDNIGHT ST.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	PT. CHARLOTTE, FL 33948
TITLE	D BAXENDALE, JUNE 163 CONCORD DRIVE PORT CHARLOTTE FL 33952	4.1 TITLE	ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DAVID PRIESTER
STREET ADDRESS		4.3 STREET ADDRESS	21250 GLADIS ST.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PT. CHARLOTTE, FL 33952
TITLE	DS INABNITT, TONY 1492 KOLENDA STREET PORT CHARLOTTE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* THOMAS BAXENDALE 4/30/97 941-625-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)