

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 # P93000035037 (9)

1. Corporation Name

JIM BAIN CONSTRUCTION, INC.

Principal Place of Business

28 MEMORIAL PARKWAY NW  
FT WALTON BEACH FL 32548

Mailing Address

28 MEMORIAL PARKWAY NW  
FT WALTON BEACH FL 32548-4648

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

02/29/1996

4. FEI Number

59-3239468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

8. Name and Address of Current Registered Agent

BAIN, JAMES B  
28 MEMORIAL PARKWAY NW  
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

1. TITLE	D	2. DELETE	1.1 TITLE	□ Change	□ Addition
NAME	BAIN, JAMES B		1.2 NAME		
STREET ADDRESS	28 MEMORIAL PARKWAY NW		1.3 STREET ADDRESS		
CITY, ST, ZIP	FT WALTON BEACH FL 32548		1.4 CITY-ST-ZIP		
1. TITLE	D	2. DELETE	2.1 TITLE	□ Change	□ Addition
NAME	BAIN, MARGARET A		2.2 NAME		
STREET ADDRESS	28 MEMORIAL PARKWAY NW		2.3 STREET ADDRESS		
CITY, ST, ZIP	FT WALTON BEACH FL 32548		2.4 CITY-ST-ZIP		
1. TITLE		3. DELETE	3.1 TITLE	□ Change	□ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY-ST-ZIP		
1. TITLE		4. DELETE	4.1 TITLE	□ Change	□ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY-ST-ZIP		
1. TITLE		5. DELETE	5.1 TITLE	□ Change	□ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY-ST-ZIP		
1. TITLE		6. DELETE	6.1 TITLE	□ Change	□ 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: *James B. Bain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M20123