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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041757 (4)

MIDCOAST CONTRACTING CORP.

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Principal Place of Business Mailing Address						-		I 10641961 118 10100 11411 00164 90111 091	II BOLAF OLDOL LIDIA IDBOL BILIK LOBA FADI	
9450 88 U.S. 1 BUNNELL FL 32110 US				P.O. BOX 351566 PALM COAST FE-32135-1565 US						
								3. Date Incorporated or Qualified 06/14/1993	3a. Date of Last Report 07/03/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For	
21			26 P.O. Box 340					59-3216995	Not Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				***	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State 28 BUNNELL, FL.			•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29	32110	30	14	4GLER	Florida Statutes	Yes No	
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent		
KATZ, B. PAUL ESQ.						01	INALLIC			
4 OLD KINGS RD. NORTH SUITE B			·			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
PALI	M COAST F	L 32137				83	}			
						84	City		FL 85 Zip Code	
l office or r	eoi ste red ao	ions of Sections 607.0 ont, or both, in the Sta th, and accept the obt	ite of Flor	ida. Such change was	s author	ized b	iv the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered	
SIGNATURE									· · · · · · · · · · · · · · · · · · ·	
40	Signature, typed	or punted name of registered OFFICERS /	- -	'		tered Ag	gent signature rec	pured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
12.	Ρ	UFFICERS /	NAD DIVE	DELETE		.1 THLE		ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	GARDNER	NOACK		Lig bereit		2 NAME				
STREET ADDRESS		NGVILLE COURT					T ADDRESS			
		AST FL 32137				4 CITY-				
CITY-ST-ZIP TITLE	VP VP	MOTIFICATION		DELETE		1 Tille	31-21		Change Addition	
NAME	GRACI, A	NGELO				.2 NAME			,	
STREET ADDRESS		FORD LANE			ı		T ADDRESS			
CITY-ST-ZIP		URT FL 32137			- 1	4 CITY	ļ			
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STREET ADDRESS	1				1		T ADDRESS	`	\mathcal{L}	
CITY-ST-ZIP	ļ. <u> </u>			DELETE		4 CITY-			ChangeAddition	
TITLE						a name		30000220 -06/10/97010	17423 C Xullion	
NAME] ,					3.2 NAME		-06/10/97010)47005	
STREET ADORESS	':	1			6	13416 C.	T ADDRESS	***165.00		

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 eath; 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 in attachment with an address.

appears in block 12 of block 15 in changed, or of the alderine in with an add

CR2E034 (9/96)

FILED

May 30 1997 8:00am

Secretary of State

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