

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90019 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000048267

1. Corporation Name
DEMERS CONSTRUCTION, INC.

Principal Place of Business 3 JACKSON STREET NE FT WALTON BEACH FL 32548 US	Mailing Address 3 JACKSON STREET NE FT WALTON EBACH FL 32548 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 646 Anchors St Suite, Apt. #, etc. 22 Unit # 2 City & State 23 Ft Walton Bch, FL Zip 24 32548 Country 25 US	2a. Mailing Address 26 646 Anchors St Suite, Apt. #, etc. 27 Unit # 2 City & State 28 Ft Walton Bch, FL Zip 29 32548 Country 30 US	3. Date Incorporated or Qualified 07/03/1993	4. FEI Number 59-3190090	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent DEMERS, GERRY A 3 JACKSON STREET NE FT WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81 Name Demers, Gerry A 82 Street Address (P.O. Box Number is Not Acceptable) 646 Anchors St 83 Unit # 2 84 City Ft Walton Bch FL 85 Zip Code 32548
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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: Gerry A Demers **Gerry A Demers** **4-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEMERS, GERRY A		1.2 NAME	Demers, Gerry A.			
STREET ADDRESS	3 JACKSON STREET NE		1.3 STREET ADDRESS	5246 Chesterfield Rd.			
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		1.4 CITY-ST-ZIP	Crestview, FL 32536			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANSOM, CHARLES J R		2.2 NAME				
STREET ADDRESS	206 SOUTH STREET NE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLDUC, NORRIS T		3.2 NAME				
STREET ADDRESS	47 CAPE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	V S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLDUC, TIM		4.2 NAME	Bolduc, Tim			
STREET ADDRESS	128 HOMES BLVD		4.3 STREET ADDRESS	128 Holmes Blvd			
CITY-ST-ZIP	FT WALTON BEACH FL		4.4 CITY-ST-ZIP	Ft Walton Bch, FL 32548			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BILBY, JONATHAN		5.2 NAME				
STREET ADDRESS	8223 RYNES COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	NAVARRE FL 32566		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 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, with all other like empowered.

SIGNATURE: Gerry A Demers **Gerry A. Demers** **4-26-99 (850) 244-1814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)