

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
ANNUAL REPORT
1997



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

1-2
FILED
97 JUL 25 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000037321 (4)**
1. Corporation Name
PALM COAST BUILDERS & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
13099 BLUE SWALLOW TERRACE WEST PALM BEACH FL 33414	3044 S. MILITARY TRAIL STE. D LAKE WORTH FL 33463 US



2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1994	04/23/1996
4. FEI Number	Applied For
65-0487143	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year's Personal Property Tax due June 30.	Yes No
	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

STEELE, JAMES L
3390 TALL TIMBER DRIVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State

4000002255214--1
-08/01/97--01084--012
165.00FL185.00

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																								
<table><tr><td>TITLE</td><td>D</td><td>DELETE</td></tr><tr><td>NAME</td><td>HANSON, WILLIAM C</td><td></td></tr><tr><td>STREET ADDRESS</td><td>13099 BLUE SWALLOW TERRACE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL 33414</td><td></td></tr></table>	TITLE	D	DELETE	NAME	HANSON, WILLIAM C		STREET ADDRESS	13099 BLUE SWALLOW TERRACE		CITY-ST-ZIP	WEST PALM BEACH FL 33414		<table><tr><td>1.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	1.1 TITLE	Change	Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
TITLE	D	DELETE																							
NAME	HANSON, WILLIAM C																								
STREET ADDRESS	13099 BLUE SWALLOW TERRACE																								
CITY-ST-ZIP	WEST PALM BEACH FL 33414																								
1.1 TITLE	Change	Addition																							
1.2 NAME																									
1.3 STREET ADDRESS																									
1.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>2.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	2.1 TITLE	Change	Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
TITLE		DELETE																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
2.1 TITLE	Change	Addition																							
2.2 NAME																									
2.3 STREET ADDRESS																									
2.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>3.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	3.1 TITLE	Change	Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
TITLE		DELETE																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
3.1 TITLE	Change	Addition																							
3.2 NAME																									
3.3 STREET ADDRESS																									
3.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>4.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	4.1 TITLE	Change	Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
TITLE		DELETE																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
4.1 TITLE	Change	Addition																							
4.2 NAME																									
4.3 STREET ADDRESS																									
4.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>5.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	5.1 TITLE	Change	Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
TITLE		DELETE																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
5.1 TITLE	Change	Addition																							
5.2 NAME																									
5.3 STREET ADDRESS																									
5.4 CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>6.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>	6.1 TITLE	Change	Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE		DELETE																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
6.1 TITLE	Change	Addition																							
6.2 NAME																									
6.3 STREET ADDRESS																									
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: William C. Hanson REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7-21-97
Daytime Phone #: 561-965-8218
0000217

CR2E034 (4/97)

MEMO

July 21, 1997

To whom this may concern:

I received a second notice today for Palm Coast Builders and Construction, Inc.. I contacted the office of the Division Of Corporations and was told they did receive the form however it was not signed. They said in March of 97 they mailed it back to our office. To date we have not received it. I was told to fill out the second notice and mail it in with another check for the same amount and attach this note of explanation.

Thank you for your help in this matter.

Sincerely,



William C. Hanson
President-Palm Coast Builders and Construction, Inc.