

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000044919 (6)**

1. Corporation Name

ADVANCED CONSTRUCTION OF NAVARRE, INC.



Principal Place of Business

Mailing Address

**2010 PRADO ST
NAVARRE FL 32566
US**

**2010 PRADO ST
NAVARRE FL 32566
US**

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/13/1994 | 3a. Date of Last Report 08/04/1995 |
| 4. FEI Number 59-3275614 | Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" 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

10. Name and Address of New Registered Agent

**POLAND, TONY W
2010 PRADO ST
NAVARRE FL 32566**

| |
|---|
| 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)

(To file: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | POLAND, TONY W | | |
| 2010 PRADO ST | | | |
| NAVARRE FL | | | |
| VD | GARTNER, TOM | 2.1 TITLE | 2.2 NAME |
| 2010 PRADO ST | | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| NAVARRE FL | | | |
| STD | PATTERSON, PATRICK | 3.1 TITLE | 3.2 NAME |
| 2010 PRADO ST | | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| NAVARRE FL | | | |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | | | |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | | | |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
| | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96
Date

936-9057
Daytime Phone #

CR2E034 (3/96)