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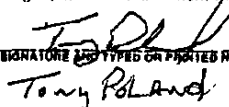
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90011 033 ***158.75

ANNUAL REPORT 1999		 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000044919 ✓OK			
1. Corporation Name ADVANCED CONSTRUCTION OF NAVARRE, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 5221 NAVARRE, FL 32566		P.O. BOX 5221 NAVARRE, FL 32566	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		6/13/94	
22. City & State		4. FEI Number	
23. Zip		59-3275614	
24. Country		Applied For	
		Not Applicable	
25. Name and Address of Current Registered Agent		5. Certificate of Status Desired	
Tony Poland 2702 Tee Pee Rd Navarre FL 32566		✓ \$8.75 Additional Fee Required	
26. Mailing Address		6. Election Campaign Financing	
27. Suite, Apt. #, etc.		Trust Fund Contribution	
28. City & State		□ \$5.00 May Be Added to Fees	
29. Zip		7. This corporation owes the current year intangible	
30. Country		Personal Property Tax.	
		✓ Yes □ No	
31. Name		10. Name and Address of New Registered Agent	
32. Street Address (P.O. Box Number is Not Acceptable)			
33. City			
34. Zip Code		FL	
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 rechartering)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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:



Tony Poland

4/30/99

850-939-7519

Date

Daytime Phone #