


FILED


Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Jan 15 1997 8:00am
Secretary of State



DOCUMENT # P94000062914 (4)

1. Corporation Name
RAY MILAM CONTRACTING, INC.

Principal Place of Business
6440 MEMPHIS AVE
PENSACOLA FL 32526

Mailing Address
6440 MEMPHIS AVE
PENSACOLA FL 32526-9074

2. Principal Place of Business
21 2390 LONGLEAF DR.
Suite, Apt. #, etc.
22
City & State
23 PENSACOLA, FL.
Zip Country
24 32526 25 Escambia

2a. Mailing Address
26 P.O. Box 37183
Suite, Apt. #, etc.
27
City & State
28 PENSACOLA, FL.
Zip Country
29 32526 30 Escambia

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
03/12/1996

4. FEI Number
59-3264511
Applied For
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 has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
MILAM, RAYMOND D
6440 MEMPHIS AVE
PENSACOLA FL 32526

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

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 of person making this statement (agent or director) (Not Applicable) (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME MILAM, RAYMOND D
STREET ADDRESS 6440 MEMPHIS AVE
CITY-ST-ZIP PENSACOLA FL 32526
TITLE D
NAME MCDONALD, C. D.
STREET ADDRESS 205 MOONEY RD
CITY-ST-ZIP FT WALTON BEACH FL 32547
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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:  President 1-9-97 904 944-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)