

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067846 (3)

1. Corporation Name
CORAL BAY CONSTRUCTION INC.

Principal Place of Business 12152 ELSTON STREET SPRING HILL FL 34609	Mailing Address 12152 ELSTON STREET SPRING HILL FL 34609-2830
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 06/22/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3270135	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARTLETT, STEVEN L 12152 ELSTON STREET SPRING HILL FL 34609				10. Name and Address of New Registered Agent	
				81 Name TRACY A. BARTLETT	
				82 Street Address (P.O. Box Number is Not Acceptable) 12152 ELSTON STREET	
				83	
				84 City SPRING HILL	85 Zip Code FL 34609

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 *Tracy Bartlett* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, STEVEN L		1.2 NAME	
STREET ADDRESS 12152 ELSTON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34609		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, WALTER L.		2.2 NAME	
STREET ADDRESS 1050 ABBOTT AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34609		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, TRACY A.		3.2 NAME	
STREET ADDRESS 12152 ELSTON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34609		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, MIRIAM		4.2 NAME	
STREET ADDRESS 1050 ABBOTT AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34609		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Tracy Bartlett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)