

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # P94000067962 (8)
1. Corporation Name

DRC CONSTRUCTION CO., INC.



Principal Place of Business: 550 RIDGEWOOD AVE. SUITE C HOLLY HILL FL 32117
Mailing Address: 550 RIDGEWOOD AVE. SUITE C HOLLY HILL FL 32117

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-3275214
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
CRETENS, STEVEN R
550 RIDGEWOOD AVE. SUITE C
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRETENS, STEVEN R	1. 2 NAME	STEVEN R. CRETENS
STREET ADDRESS	550 RIDGEWOOD AVE. SUITE C	1. 3 STREET ADDRESS	550 RIDGEWOOD AV, STE C
CITY-ST-ZIP	HOLLY HILL FL 32117	1. 4 CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. 2 NAME	KENNETH CARTER
STREET ADDRESS		2. 3 STREET ADDRESS	550 RIDGEWOOD AV, STE. C
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. 2 NAME	KEVIN J. CONNORS
STREET ADDRESS		3. 3 STREET ADDRESS	550 RIDGEWOOD AV, STE. C
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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: STEVEN R. CRETENS 02/15/96 904-252-1742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)