FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000011265 (2)

1. Corporation Name

~~SHELL POINT SYSTEMS, INC.~~

P.C. CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business
P O BOX 64121
TALLAHASSEE FL 32313-4121

Mailing Address
P O BOX 64121
TALLAHASSEE FL 32313-4121

2. Principal Place of Business [21]	4330 North Shore Road
Suite, Apt #, etc. [22]	
City & State [23]	Lynn Haven, FL
Zip [24]	32444
Country [25]	Bay
2a. Mailing Address [26]	P.O. Box 1669
Suite, Apt. #, etc. [27]	
City & State [28]	Panama City, FL
Zip [29]	32402
Country [30]	Bay

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3302628 ☐ 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**

WEST, LAWRENCE
3029 S SHAMROCK ST
TALLAHASSEE FL 32308

10. **Name and Address of New Registered Agent**

81 Name: Paul Bradshaw
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Monroe Street, Ste 500
83
84 City: Tallahassee FL 85 Zip Code: 32301

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] DATE 6/12/96

12. OFFICERS AND DIRECTORS

TITLE		☒ DELETE
NAME	Lawrence West	
STREET ADDRESS	3029 S. Shamrock St	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☒ DELETE
NAME	Paul Bradshaw	
STREET ADDRESS	201 S. Monroe Street, Ste 500	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Paul Carpenter	
1.3 STREET ADDRESS	4330 North Shore Road	
1.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: X [signature] PAUL B. CARPENTER 6/12/96 (904) 265-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 6/28/96