


FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000027620 (0)					
1. Corporation Name GIRARD CONSTRUCTION, INC.					
Principal Place of Business 898 OAK PARK DRIVE MELBOURNE FL 32940			Mailing Address 898 OAK PARK DRIVE MELBOURNE FL 32940		
2. Principal Place of Business			2a. Mailing Address		
21. SAME			26. SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
22.			27.		
City & State			City & State		
23.			28.		
Zip		Country	Zip		Country
24.		25.	29.		30.
3. Name and Address of Current Registered Agent					
FRESE, GARY B 930 SO. HARBOR CITY BLVD. STE 505 MELBOURNE FL 32901				81. Name	
				82. Street Address	
				83.	
				84. City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE GARY B. FRESE (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1. TITLE		D		<input type="checkbox"/> DELETE	
NAME		GIRARD, SUSAN B			
STREET ADDRESS		898 OAK PARK DRIVE			
CITY - ST - ZIP		MELBOURNE FL 32940			
2. TITLE		D		<input type="checkbox"/> DELETE	
NAME		GIRARD, GREGORY T			
STREET ADDRESS		898 OAK PARK DRIVE			
CITY - ST - ZIP		MELBOURNE FL 32940			
3. TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
4. TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
5. TITLE				<input type="checkbox"/> DELETE	
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STREET ADDRESS					
CITY - ST - ZIP					
6. TITLE				<input type="checkbox"/> DELETE	
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CITY - ST - ZIP					
7. TITLE				<input type="checkbox"/> DELETE	
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CITY - ST - ZIP					
8. TITLE				<input type="checkbox"/> DELETE	
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9. TITLE				<input type="checkbox"/> DELETE	
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10. TITLE				<input type="checkbox"/> DELETE	
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CITY - ST - ZIP					
11. TITLE				<input type="checkbox"/> DELETE	
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12. TITLE				<input type="checkbox"/> DELETE	
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24. TITLE				<input type="checkbox"/> DELETE	
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STREET ADDRESS					
CITY - ST - ZIP					
25. TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
26. TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/29/1995</b>		
4. FEI Number <b>59-3305203</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ess (P.O. Box Number is Not Acceptable)		
FL		85 Zip Code

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 GARY B. RESE 4-23-98  
Signature (typed or printed name of registered agent and title if not liable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRARD, SUSAN B</b>	1.2 NAME	
STREET ADDRESS	<b>898 OAK PARK DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL 32940</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRARD, GREGORY T</b>	2.2 NAME	
STREET ADDRESS	<b>898 OAK PARK DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL 32940</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 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.

CR2E034 (10/97)