


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000086894 (9)
 1. Corporation Name
ALTERATIONS UNLIMITED CONTRACTING, INC.



Principal Place of Business % PETER M. WALSH, ESQ. 201 E. KENNEDY BLVD., SUITE 1950 TAMPA FL 33602	Mailing Address % PETER M. WALSH, ESQ. 201 E. KENNEDY BLVD., SUITE 1950 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 MARIND W WALSH Suite, Apt. #, etc. 22 ORANGE PARK Ct #304 City & State 23 ST. PETERS BURG FL Zip 24 33701	2a. Mailing Address 26 696 1st AVE N. Suite, Apt. #, etc. 27 City & State 28 ST. PETERS BURG FL Zip 29 33701
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3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 03/27/1996
4. FEI Number 59-3346780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

9. Name and Address of Current Registered Agent WALSH, PETER M ESQ 201 E. KENNEDY BLVD. SUITE 1950 TAMPA FL 33602		10. Name and Address of New Registered Agent ORANGE PARK Ct #304 696 1st AVEN ST. PETERS BURG, FL 33701	
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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 PTD	NAME BURKETTE, CAROL C	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1910 99TH AVENUE	CITY-ST-ZIP TAMPA FL 33612	1.2 NAME N/A
TITLE VSD	NAME BURKETTE, SHAWN D	1.3 STREET ADDRESS P.O. BOX 87
STREET ADDRESS 1910 99TH AVENUE	CITY-ST-ZIP TAMPA FL 33612	1.4 CITY-ST-ZIP MILTON, FL 32570
TITLE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME N/A
TITLE	NAME	2.3 STREET ADDRESS PO BOX PABLTIN ST
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP MILTON, FL 32590
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
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 *Carol Burkette* *Shawn D Burkette* *8/26/97* *950-633-9176*

CR2E034 (4/97)