

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 AM 11:30

DOCUMENT # **P95000087808 (8)**

1. Corporation Name

CONSTRUCTION EDUCATION CONCEPTS, INC.



Principal Place of Business

500 CANAL STREET
NEW SMYRNA BEACH FL 32168

Mailing Address

500 CANAL STREET
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 1020 NW 13TH ST
Suite, Apt. #, etc.

2a. Mailing Address

26 1020 NW 13TH ST
Suite, Apt. #, etc.

4. FEI Number

59-3352569

Applied For
Not Applicable

22 City & State

23 GAINESVILLE, FL
Zip Country

27 City & State

28 GAINESVILLE, FL
Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32601

25 USA

29 32601

30 USA

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BREWER, MICHAEL L
500 CANAL STREET
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name, etc. (provide a full title, if applicable)

Typed, Printed Agent's name (provide a full name)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COBLE, RICHARD J | |
| STREET ADDRESS | 1020 NW 13TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32601 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COBLE, BRENNON J | |
| STREET ADDRESS | 109 NW 20TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32603 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ELLIOTT, BRENT | |
| STREET ADDRESS | 109 NW 20TH STREET | |
| CITY - ST - ZIP | GAINESVILLE FL 32603 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | 000001823990 |
| 13 STREET ADDRESS | -05/16/96--01021--012 |
| 14 CITY - ST - ZIP | ****225.00 ****225.00 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | ELLIOTT, BRENT R. |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brent R Elliott*
BRENT R ELLIOTT, DIRECTOR

4/25/96

(352)376-1228

CR2E034 (12/95)