

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 # P95000090142 (7)

1. Corporation Name

FEDERAL CONSTRUCTION SERVICES, INC.



Principal Place of Business

Mailing Address

1444 MARKET CIRCLE Unit F
PORT CHARLOTTE FL 33953

1444 MARKET CIRCLE
PORT CHARLOTTE FL 33953

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 1444 Market Circle
Suite, Apt. #, etc.

22 Unit F

23 City & State
Port Charlotte FL

24 Zip
33952

25 Country
USA

2a. Mailing Address

26 Po box 381134
Suite, Apt. #, etc.

27 City & State

28 Murdock FL

29 Zip
381134

30 Country
USA

4. FEI Number

65-0626338

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

10. Name and Address of New Registered Agent

HEEKIN, JOHN C
21202 OLEAN BLVD. STE C-2
PORT CHARLOTTE FL 33952

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 607.0502 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROCKHOLD, CHARLES A
STREET ADDRESS 6 KOCAMA COURT
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D
NAME FEENAN, PETER H
STREET ADDRESS 2022 SE 25TH LANE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME BAKUN, DAVID N
STREET ADDRESS 3874 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NO. FORT MYERS FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

100001835071
-05/23/96--01006--029
***200.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

941-764-1000

CR2E034 (12/95)