FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth,

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000090519 (6)

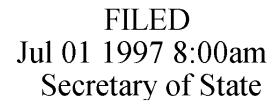
NATURE COAST CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

4900 BBOOKED COECH ND

4909 DROOVED OBEEV DR





PALM HARBOR FL 34885				PALM HARBOR FL 34885-1501											
									-	3. Date Incorporate 01/01/1995	ed or Qualified	3a. Date o		teport	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Ar	oplied For	
21				26					59-3343235	5		No	ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Sta	itus Desired	□ \$		Additional		
22				27								Fee Re	equired		
City & State				City & State				- 1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Z _I p	Country			28	Zip Cou							· · · · · · · · · · · · · · · · · · ·			
24	-	25	y	29	Ζίβ	30				This corporation Florida Statutes		intangible tax i Yes 🔀 N		. 199.032,	
9. Name and Address of Current									10. Name and Address of New Registered Agent						
<i>7</i> 1M	MERMAN, T						81	Name							
4392 BROOKER CREEK DR.								82 Street Address (P.O. Box Number is Not Acceptable)							
PALM HARBOR FL 34685					1			Street	Address	s (P.O. Box Number	is Not Acceptan	ole)			
	9		-				83								
							84	03.				12.	1 -		
			-2				84	City				FL 8	Zip	Code	
11. Pursuant	to the provision	ons of Sec	tions 307:0502	and 60	07.1508, Florida Statut	es, the at	ove	-named	corpora	ation submits this sta	lement for the p	urpose of cha	nging i	s registered	
office of r	11. Pursuant to the provisions of Sections														
SIGNATURE		Wol	NI KI		_						.5	1/2/97	,		
	Signature, lyped i		e of registered agont				d Age	nt signature	e required v	vhen reinstaling)		Z DATE			
12.	- B/R	<u> </u>	FFICERS AND	DIREC		13.				ADDITIONS/CHAP					
TITLE	P/S Zimmerm	AN TOD	n.w		☐ DELETE	1,1 10			Vic	E PRESIDEN	7	L	Change	Addition	
NAME						1.2 NA			Gre	GG E, SAW	YER AT				
STREET ADORESS	DALM HADDOD EL 0400E							T ADDRESS 344		13 NORLAND	COUNCY				
CITY-ST-ZIP	FALMINA	NDUR FL	34000		DELETÉ	1.4 CI		I - ZIP	HOLLE	ony Frolion of Previous on A. HAING 639 BUCKI OSON, Fro	34680	—————	Change	Addition	
TITLE					ב_ טנונונ	2.1 10			Vic	E PREJIDEN	7	LJ	unange	Addition	
NAME OTOGET ADODESS						2.2 NA		ADODE OF	RE	DA. HAIN	es ana Anh	· /A*			
STREET ADDRESS CITY-ST-ZIP						23SI 24CI		ADDRESS	12 (BB9 BUEKI	TOTEN UKIN	34669		1	
TITLE	 -	-• ''	·		DELETE	3.1 TI		1. 21	/7 -	0300, 110	7.1214	<i></i>	Change	Addition	
NAME						3.2 NA						_		_	
STREET ADDRESS								ADORESS							
CITY-ST-ZIP						3.4 C	ITY-S	1 - ZIP							
TITLE		/			DELETE	4.1 TJT							Change	☐ Addition	
NAME						4.2 N	AME								
STREET ADDRESS						4.3 ST	REET	ADDRESS							
CITY-ST-ZIP						4.4 CI	TY - ST	r-ZIP							
TITLE					☐ DELETE	5.1 (1)	l E			T			Change	Addition	
NAME						5.2 NA	ME								
STREET ADDRESS						5.3 ST	REFT.	ADDRESS							
CITY-ST-ZIP						5.4 CI	1 Y -\$1	- ZIP							
TITLE					DELETE	6.1 TIT	LF				. —		Change	☐ Addition	
NAME						6.2 NA	ME								
STREET ADDRESS						6.3 ST	REET.	ADDRESS							
CITY-ST-ZIP						6.4 CI	1Y-S1	- ZIP	<u> </u>			 			

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 topod er 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 eer poration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address.

(80) 782 11114