


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  
Jul 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000097687 (4)**

1. Corporation Name

**M.D. UTILITY CONTRACTORS, INC.**



Principal Place of Business <b>1449 PENNYKAMP STREET N.E. PALM BAY FL 32907</b>	Mailing Address <b>1449 PENNYKAMP STREET N.E. PALM BAY FL 32907</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 475 Stan Drive</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 475 Stan Drive</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>12/22/1995</b>		3a. Date of Last Report <b>10/25/1996</b>	
City & State <b>23 W. Melbourne FL</b>		City & State <b>28 W. Melbourne FL</b>		4. FEI Number <b>65-0600108</b>		Applied For Not Applicable	
Zip <b>24 32904</b>		Country <b>25 Brevard</b>		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>	
Zip <b>24 32904</b>		Country <b>25 Brevard</b>		7. 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		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

**BAGGETT, JANET J  
3121 ALEXANDER COURT  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

**81 Name Jon Bowers**  
**82 Street Address (P.O. Box Number is Not Acceptable) 475 Stan Drive**  
**83**  
**84 City W. Melbourne FL 85 Zip Code 32904**

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

*Jon Bowers*  
Signature, typed or printed name of registered agent and title if applicable

**Jon Bowers**

**7/15/97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOWERS, GEORGE I</b> <b>3121 ALEXANDER COURT</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jon Bowers</b> <b>475 Stan Drive</b> <b>W. Melbourne, FL 32904</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BAGGETT, JANET J</b> <b>3121 ALEXANDER COURT</b> <b>PALM CITY FL 34990</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*George Bowers*  
**George Bowers 7/15/97 407-723-1722**

CR2E034 (4/97)