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FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000014770 (7)

1. Corporation Name
GENERAL CONTRACTORS, INC. OF TALLAHASSEE



Principal Place of Business
**2414 BLARNCY DRIVE
 TALLAHASSEE FL 32308**

Mailing Address
**2414 BLARNCY DRIVE
 TALLAHASSEE FL 32308-3131**

3. Date Incorporated or Qualified **02/16/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business
 21 **2826 Whittington Dr.** 2a. Mailing Address
 25 **2826 Whittington Dr.**

4. FEI Number **59-3361071** Applied For
 Not Applicable

22 **Tallahassee, FL** 27 **Tallahassee, FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 **Tallahassee, FL 32308** 28 **Tallahassee, FL 32308**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 **32308** 25 **Leon** 29 **32308** 30 **Leon**

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

9. Name and Address of Current Registered Agent
**WISE, DONALD E
 2414 BLARNCY DRIVE
 TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent
 81 Name **Donald Wise**
 82 Street Address (P.O. Box Number is Not Acceptable) **2826 Whittington Drive**
 83 **Tallahassee, FL** 85 Zip Code **32308**

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]* DATE **3-24-97**

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	WISE, DONALD E
STREET ADDRESS	2414 BLARNCY DRIVE
CITY, ST, ZIP	TALLAHASSEE FL 32308
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2826 Whittington Dr.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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]* DATE **3-24-97** DAYTIME PHONE # **894-9473**

CR2E034 (9/96)