


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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000033082					
1. Corporation Name HERWICK CONSTRUCTION, INC.					
Principal Place of Business 4386 3RD AVENUE, N.W. NAPLES FL 34119			Mailing Address 4386 3RD AVENUE, N.W. NAPLES FL 34119		

FILED
 99 MAR -5 PM 2: 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 04/12/1996	
4. FEI Number 59-3432142		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No		8.	
9. Name and Address of Current Registered Agent HERWICK, ROBERT C 4386 3RD AVENUE, N.W. NAPLES FL 34119			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 607.0502 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	NAME	HERWICK, ROBERT C	11 TITLE		12 NAME	
STREET ADDRESS	4386 3RD AVENUE N.W.	CITY-ST-ZIP	NAPLES FL 34119	13 STREET ADDRESS		14 CITY-ST-ZIP	
TITLE	VPS	NAME	HERWICK, WCKI	21 TITLE		22 NAME	
STREET ADDRESS	4386 3RD AVENUE N.W.	CITY-ST-ZIP	NAPLES FL 34119	23 STREET ADDRESS		24 CITY-ST-ZIP	
TITLE		NAME		31 TITLE		32 NAME	
STREET ADDRESS		CITY-ST-ZIP		33 STREET ADDRESS		34 CITY-ST-ZIP	
TITLE		NAME		41 TITLE		42 NAME	
STREET ADDRESS		CITY-ST-ZIP		43 STREET ADDRESS		44 CITY-ST-ZIP	
TITLE		NAME		51 TITLE		52 NAME	
STREET ADDRESS		CITY-ST-ZIP		53 STREET ADDRESS		54 CITY-ST-ZIP	
TITLE		NAME		61 TITLE		62 NAME	
STREET ADDRESS		CITY-ST-ZIP		63 STREET ADDRESS		64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

Daytime Phone #

CFR2034 (1/98)