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Jul 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039027 (3)

1. Corporation Name

OWENS & COMPANY CONSTRUCTION, INC.

Principal Place of Business

1616 25TH ST  
NICEVILLE FL 32578

Mailing Address

P.O. BOX 1197  
DESTIN FL 32540-1197



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3212306		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

OWENS, GARY E  
1616 25TH ST  
NICEVILLE FL 32578

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 resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OWENS, GARY E	<input type="checkbox"/> DELETE		11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, GARY E			12 NAME			
STREET ADDRESS	1616 25TH ST			13 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578			14 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				22 NAME	JOSEPH P. GRIMES		
STREET ADDRESS				23 STREET ADDRESS	7104 BIG DADDY DRIVE		
CITY-ST-ZIP				24 CITY-ST-ZIP	PANAMA CITY BCH FL 32407		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	1ST OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				32 NAME	ALVA R. BAKER		
STREET ADDRESS				33 STREET ADDRESS	412 JUNIPER DRIVE		
CITY-ST-ZIP				34 CITY-ST-ZIP	FREEPORT FL 32439		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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

CR2E034 (9/96)