

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # P96000040630 (1)

1. Corporation Name:

STEVE POOLE CONSTRUCTION, INCORPORATED



Principal Place of Business

801 BAY AVENUE
DEFUNIAK SPRINGS FL 3243

Mailing Address

POST OFFICE BOX 865
DEFUNIAK SPRINGS FL 32435-0865

3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 41 Morning Sun Court
Suite, Apt. #, etc.

2a. Mailing Address

26 41 Morning Sun Court
Suite, Apt. #, etc.

4. FEI Number

59-3386290

Applied For

Not Applicable

22 City & State

23 Santa Rosa Beach, FL

27 City & State

28 Santa Rosa Beach, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

32455

Country

25 Walton

29 Zip

32455

Country

30 Walton

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

POOLE, STEVE
801 BAY AVENUE
DEFUNIAK SPRINGS FL 3243

10. Name and Address of New Registered Agent

81 Name Steve Poole

82 Street Address (P.O. Box Number is Not Acceptable)

41 Morning Sun Court

83

84 City Santa Rosa Beach

FL

85 Zip Code 32455

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 of Steve Poole

(NOTE: Registered Agent signature required when reinstating)

4-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D POOLE, STEVE
NAME
STREET ADDRESS 801 BAY AVENUE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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: Steve Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 904-865-8317

Date

Daytime Phone

CR2E034 (9/96)