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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000050170 (5)

DAVID GERALD CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



TAMPA FL 33814		TAMPA FL 33614			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
				•	06/06/1996		
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3386916	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	City & State	¬ ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Country 25	Zip C			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOYCE, JERRY L			81	Name			
204 N MACDILL AVE TAMPA FL 33609			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.							
Q1	SIGNATURE						

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ___ Addition **DELETE** 1.1 TITLE TITLE GERALD, DAVID J NAME 1.2 NAMÉ 4408 W KNOLLWOOD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ___ Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.