

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

DOCUMENT # P96000051301

1. Corporation Name

Beal Brothers Construction, Inc.

Principal Place of Business

Mailing Address

2636 West Mission Road, Lot 145
Tallahassee, Florida 32304

FILED

97 MAY - 1 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1627 Marcia Avenue		26 1627 Marcia Avenue		06-17-96			
22 State Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-3383350		Not Applicable	
23 Tallahassee Florida		28 Tallahassee Florida		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 32310		29 32310		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Leon		30 Leon		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

10. Name and Address of New Registered Agent

Michael E. Beal
2636 West Mission Road, Lot 145
Tallahassee, Florida 32304

81 Name Michael E. Beal
82 Street Address (P.O. Box Number is Not Acceptable) 1627 Marcia Avenue
83
84 City Tallahassee FL 85 Zip Code 32310

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 typist and 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael E. Beal	1.2 NAME	
STREET ADDRESS	1627 Marcia Avenue	1.3 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, FL 32310	1.4 CITY - ST - ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Terrell W. Beal	2.2 NAME	
STREET ADDRESS	1627 Marcia Avenue	2.3 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, Florida 32310	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 595 8490

CR2E034 (9/96)