

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Morthose
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064802 (7)
1. Corporation Name
EXCALIBUR GENERAL CONTRACTING, INC.



Principal Place of Business: 4564 PHIPPS DRIVE, PORT ORANGE FL 32119
Mailing Address: 4564 PHIPPS DRIVE, PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1996
4. FEI Number: 59-3393920
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: GARY LEE WISNIEWSKI, 4564 PHIPPS DR., PORT ORANGE FL 32119
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BANNES	1.2 NAME	
STREET ADDRESS	1837 FRANK PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY LEE WISNIEWSKI	2.2 NAME	GARY LEE
STREET ADDRESS	4564 PHIPPS DR	2.3 STREET ADDRESS	4564 PHIPPS DR
CITY-ST-ZIP	PORT ORANGE FL 32119	2.4 CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE	SECRETARY	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT LOSBY	3.2 NAME	SCOTT LOSBY
STREET ADDRESS	840 CENTIA AVE APT. 102	3.3 STREET ADDRESS	840 CENTIA AVE
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE		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		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		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 hereby certify that the information supplied with this filing does not qualify for the exception 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 on an attachment with an address.

SIGNATURE: _____

4/29/98

CP2E034 (10/97)