


**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90018 042 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000103285**  
 1. Corporation Name  
**PETE WAGNER CONSTRUCTION, INC.**



Principal Place of Business 1014 HIDDEN CT LAKELAND FL 33809	Mailing Address 1014 HIDDEN CT LAKELAND FL 33809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		12/19/1996		59-3416219		Not Applicable	
22		27		5. Certificate of Status Desired		58.75 Additional Fee Required		<input checked="" type="checkbox"/>	
23		28		6. Election Campaign Financing		5.00 May Be Added to Fees		<input type="checkbox"/>	
24		29		8. This corporation owes the current year Intangible Personal Property Tax.		Yes		<input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAGNER, PETE 1014 HIDDEN CT LAKELAND FL 33809				Wagner, Pete 515 Natalie Lane Lebanon			
1708 Mockingbird Lane Lakeland Fla. 33801				07EE 45036			

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: Peter J. Wagner DATE: 4.9.99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	WAGNER, PETE	1708 Mockingbird Lane	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
				2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 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 agreement with an address, with all other like empowered.

SIGNATURE: Peter J. Wagner DATE: 4.9.99 DAYTIME PHONE #: 513 9339149

CR2E034 (11/98)