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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90015 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000070187					
1. Corporation Name NORTH FLORIDA CONTRACTORS, INC.					
Principal Place of Business 1928 PATRICIAN WAY FT. WALTON BEACH FL 32547			Mailing Address 1928 PATRICIAN WAY FT. WALTON BEACH FL 32547		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 22 Racetrack Road			2a. Mailing Address 26 22 Racetrack Road		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23 Fort Walton Beach, FL			City & State 28 Fort Walton Beach, FL		
Zip 24 32547			Zip 29 32547		
Country 25 U.S.A.			Country 30 U.S.A.		
9. Name and Address of Current Registered Agent MCDONAL, AVO MARIA 1928 PATRICIAN WAY FT. WALTON BEACH FL 32547			10. Name and Address of New Registered Agent 81 Name McDonald, Avo Maria 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 607.1505, Florida Statutes. SIGNATURE <u>Avo Maria McDonald</u> DATE <u>3-30-99</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, AVO MARIA		1.2 NAME		
STREET ADDRESS	1928 PATRICIAN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERALD, SCOTT D		2.2 NAME		
STREET ADDRESS	1937 PATRICIAN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, CHESTER B		3.2 NAME		
STREET ADDRESS	1928 PATRICIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRETINA, RACHEL M		4.2 NAME		
STREET ADDRESS	1937 PATRICIAN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		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 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, with all other like empowered.

SIGNATURE: Avo Maria McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 (850) 862-7903
Date Daytime Phone #

CR2E034 (1/98)