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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000090126

1. Corporation Name
LINCOLN CONSTRUCTION OF NAPLES, INC.

Principal Place of Business 2666 AIRPORT ROAD SOUTH NAPLES FL 34112	Mailing Address 2666 AIRPORT ROAD SOUTH NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1998	
21	22	28	29	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	24	25	26	27	28
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	
29	30	<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	
HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES FL 34112				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	HIGGS, WILLIAM T	1.2 NAME	Higgs, William T.
STREET ADDRESS	2666 AIRPORT ROAD SOUTH	1.3 STREET ADDRESS	2666 Airport Rd. S.
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	DP	2.1 TITLE	DVS
NAME	Higgs, William T.	2.2 NAME	Higgs, ANTONIA M.
STREET ADDRESS		2.3 STREET ADDRESS	2666 Airport Rd. S.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE		3.1 TITLE	
NAME		3.2 NAME	Loianno, MATTHEW J
STREET ADDRESS		3.3 STREET ADDRESS	2666 Airport Rd S.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE		4.1 TITLE	
NAME		4.2 NAME	Black, BRAD J
STREET ADDRESS		4.3 STREET ADDRESS	2666 Airport Rd S.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34112
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Brad J Black Date: 1/26/99 Daytime Phone #: 941-775-2230

CR2E034 (11/98)