


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED

011227

PROFIT CORPORATION ANNUAL REPORT 1999	
	
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098721	
1. Corporation Name M & W CONSTRUCTION OF NORTH CENTRAL FLORIDA, INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 27 PM 3:19



Principal Place of Business 16212 WEST HWY 318 WILLISTON FL 32696	Mailing Address 16212 WEST HWY 318 WILLISTON FL 32696
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3545468	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITEHURST MAY, LYNETTE 16212 WEST HWY 318 WILLISTON FL 32696		10. Name and Address of New Registered Agent	
		81 Name May, Larry J. Jr.	
		82 Street Address (P.O. Box Number is Not Acceptable) 16212 W Hwy 318	
		83	
		84 City Williston	
		85 Zip Code FL 32696	

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 the acceptance obligations of, section 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **7-19-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST MAY, LYNETTE	1.2 NAME	500002974975-6
STREET ADDRESS	16212 WEST HWY 318	1.3 STREET ADDRESS	-08/31/99--01057--011
CITY-ST-ZIP	WILLISTON FL 32696	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, LARRY J JR.	2.2 NAME	May, Larry J. Jr.
STREET ADDRESS	16212 WEST HWY 318	2.3 STREET ADDRESS	16212 W Hwy 318
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	S/T/VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, WILLIAM J III	3.2 NAME	Whitehurst, William J III
STREET ADDRESS	20050 N.E. 75TH ST.	3.3 STREET ADDRESS	5250 NE 220th Ave
CITY-ST-ZIP	WILLISTON FL 32696	3.4 CITY-ST-ZIP	Williston, FL 32696
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 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]* DATE: **7/19/99** Devtime Phone: **352-377-4913**

CR2E034 (5/99)