## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(1)

Mailing Address

PACIFIC CONSTRUCTORS, INC.

**FILED** Apr 14 1997 8:00am Secretary of State



10475 FORTUNE PARKWAY. STE 201 JACKSONVILLE FL 32256		10475 FORTUNE PARKWAY. STE 201 JACKSONVILLE FL 32256-3584						
Cortect New (17)					3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 02/05/1996		
2. Principal P	lace of Business Blvd.	28. Mailing Address Blvd.			7		A	pplied For
	hillips Industrial	26 6877 Phillips Industrial						ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		·	6. Election Campaign Financing			May Be
	onville, F1	28 Jacksonville, Fl			Trust Fund Contribution Added to Fees			
Zip	Country	Zıp	Country		8. This corporation has liability for i			s. 199.032,
24 32256		29 32256 30 Duval		Florida Statutes X Yes No				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Ap	gent	
	yle, william e. esq	81 Name						
	0 GULF LIFE TOWER XSONVILLE FL 32207	. 82 Street Addre		lress (P.O. Box Number is Not Acceptab	le)			
. 070	NOONVILLE PL GEEVI		83					
•	i .		84	City		FI	<b>85</b> Zip	Code
		0 C07 1500 Florida Otal d			poration submits this statement for the pation's board of directors. I hereby accept			to englatered
agent. La SIGNATURE	egisterioti agami, or nom, in the State in familiar with, and accept the obligation of the obligation	ations of, Section 607.0505, Flo	orida Statute:	<b>S</b> .	ired when reinstating)	DATE		
12.	OFFICERS AND		13. 1.1 Title		ADDITIONS/CHANGES TO OFFIC			
TOLE	D	□ DELETE President				Ĺ	Change	Addition
NAME	FLECKENSTEIN, ROBERT L.	1 1 CB 1 UC1	1.2 NAME					
SUPELL ADDRESS	26704 TACITO TR		1.3 STREET					
IIII	JACKSONVILLE FL D	DELETE	1.4 CITY - S 2.1 TITLE	T - ZiP		г	Change	Addition
NAME	BOATWRIGHT, MAYLON D.	V-Pres.				<u></u>		
ST-EFT ADORESS	1620 LOIS CROSS DR		2.3 STREET	ADDRESS				
CHY St ZIP	JACKSONVILLE FL		2. 4 CITY-	S1-2IP				
THE		☐ DELETE	3.1 TITLE		V-PRes.		Change	X Addition
NAME			3.2 NAME		Brian W. Patton			
STREET ADDRESS			3 3 STREET	ADDRESS	11620 Louis Cross Dr	•		
CHY-ST ZIP		DELETE	3.4. CITY - :	ST-ZIP	Jacksonville, Fl		Change	1 1 1 4 4 4 4 4 4
101.F		☐ DELETE	41 TITLE			L	Change	Addition
NAME			4 2 NAME	4888555				
STREET ADDRESS			4.3 STREET					
CHY ST ZIP THEF			4.4 CITY - 5 5.1 TITLE	1-219			Change	☐ Addition
NAV:			5.2 NAME			<b>L</b>		, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			5.3 STREET	ADDRESS				
CHY-SI-ZIP			5.4 City - 5					
THE STATE		DELETE	6.1 TITLE	7.44			Change	☐ Addition
NAME			6.2 NAME			_	•	_
STREET ADDRESS			63 STREET	ADDRESS				
61. 61.20			6.4 City 6					

14. Lot 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 endicated 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 arr, an officer or director of the corporation of the regeiver 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 from an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

effective 4/1/97 (904)2<del>68-</del>1123

Daytime Phone #