


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

FILED
Apr 25 1997 8:00am
Secretary of State

| | | | | | |
|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S27755 (5) 1. Corporation Name HAWKEYE CONSTRUCTION OF SOUTH FLORIDA, INC. | | | | | |
| Principal Place of Business 4411 CLEVELAND AVE. FT. MYERS FL 33901 US | | | Mailing Address 4411 CLEVELAND AVE. FT. MYERS FL 33901-9011 US | | |



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|---|--|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 01/28/1991 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 65-0264640 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 9. Name and Address of Current Registered Agent GARGARNO, ANTHONY J. 1520 ROYAL PALM SQUARE BOULEVARD SUITE 280 FT. MYERS FL 33919 | | | | 10. Name and Address of New Registered Agent 81 Name 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | DCEO <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAGESCHULTE, DAVID L. | 1.2 NAME | |
| STREET ADDRESS | 2644 SHRIVER DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, PAUL W. | 2.2 NAME | |
| STREET ADDRESS | 5745 SANDPIPER PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAWNER, TERRY K. | 3.2 NAME | |
| STREET ADDRESS | 77 S BIRCH RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGENSMITH, KIT A. | 4.2 NAME | |
| STREET ADDRESS | 1838 WHITECAP CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N FT MYERS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGNIER, DALE | 5.2 NAME | |
| STREET ADDRESS | 981 WITTMAN DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

941-275-6339

CR2E034 (9/96)