


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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S42350 (6) 1. Corporation Name GASPARILLA CONSTRUCTION CORP.			
Principal Place of Business 7290 COLLEGE PARKWAY SUITE 424 FT MYERS FL 33907		Mailing Address 7290 COLLEGE PARKWAY SUITE 424 FT MYERS FL 33907	
2. Principal Place of Business 21 7181 College Parkway Suite, Apt. #, etc. 22 Suite 38 City & State 23 Ft. Myers, FL Zip 24 33907 Country 25 USA		2a. Mailing Address 26 7181 College Parkway Suite, Apt. #, etc. 27 Suite 38 City & State 28 Ft. Myers, FL Zip 29 33907 Country 30 USA	
3. Date Incorporated or Qualified 04/01/1991		4. FEI Number 22-3104269	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent FARR, EARL DRAYTON 115 W OLYMPIA AVE PUNTA GORDA FL 33950		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
P SCHWARTZ, STEPHEN L 7290 COLLEGE PKWY #424 FT MYERS FL		7181 College Parkway, Suite 38 Ft. Myers, FL 33907	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D SCHWARTZ, STEPHEN L 7290 COLLEGE PKWY #424 FT MYERS FL		7181 College Parkway, Suite 38 Ft. Myers, FL 33907	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
VP VAN CLIFF, MARY ANN 7290 COLLEGE PKWY #424 FT. MYERS FL		7181 College Parkway, Suite 38 Ft. Myers, FL 33907	
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
AVP PATERSON, ARTHUR 7290 COLLEGE PKWY #424 FT. MYERS FL			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
ST HALL, VALERIE A. 7290 COLLEGE PKWY #424 FT. MYERS FL		7181 College Parkway, Suite 38 Ft. Myers, FL 33907	
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
AS PATERSON, ARTHUR 7290 COLLEGE PKWY #424 FT. MYERS FL			
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: <i>Mary Ann Van Clief</i> (MARY ANN VAN CLIEF) VICE PRESIDENT		(941) 275-0002	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)