

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S58158 (4)  
1. Corporation Name  
COLONY CONSTRUCTION COMPANY

Principal Place of Business <b>1330 PALMETTO AVE WINTER PARK FL 32789 US</b>		Mailing Address <b>1330 PALMETTO AVE. WINTER PARK FL 32789 US</b>		3. Date Incorporated or Qualified <b>06/03/1991</b>		3a. Date of Last Report <b>05/01/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3074125</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HADDOCK PROFESSIONAL ASSOCIATION 1150 LOUISIANA AVE ST 5-B WINTER PARK FL 32789</b>				81 Name <b>[REDACTED]</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>[REDACTED]</b>			
				83 <b>[REDACTED]</b>			
				84 City <b>[REDACTED]</b> FL 85 Zip Code <b>[REDACTED]</b>			
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>							
(NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIVELY, JR. DOUGLAS A			1.2 NAME			
STREET ADDRESS	827 LAKE CATHERINE CT			1.3 STREET ADDRESS			
CITY - ST - ZIP	MAITLAND FL			1.4 CITY - ST - ZIP			
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GODWIN, LARRY			2.2 NAME			
STREET ADDRESS	1330 PALMETTO AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			2.4 CITY - ST - ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELOON, MELISSA			3.2 NAME			
STREET ADDRESS	1330 PALMETTO AVE.			3.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			3.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANSFORD, REBECCA			4.2 NAME			
STREET ADDRESS	1330 PALMETTO AVE.			4.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			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			

**SIGNATURE:**

Douglas A. Shively, Jr.

4/24/96

407-647-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)