

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

Amended Report

DOCUMENT # **S77257**

1. Corporation Name

ALAQUA CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

180 Tim Boland Road
 Defuniak Spg, Fl
 32433

180 Tim Boland Road
 DeFuniak Spg, Fl.
 32433

3. Date Incorporated or Qualified
 09/01/91

3a. Date of Last Report
 04/30/96

2. Principal Place of Business
 same

2a. Mailing Address

4. FEI Number
 59-3080907

Applied For
 Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSSON, LETHA L.

81 Name

180 Tim Boland Road

82 Street Address (P.O. Box Number is Not Acceptable)

DeFuniak Springs, Fl. 32433

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 If Not Applicable)

(Not for Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President / Vice President** DELETE
 NAME **Letha L. Cosson**
 STREET ADDRESS **180 Tim Boland Road**
 CITY-ST-ZIP **DeFuniak Springs, Fl. 32433**

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

TITLE **Secretary/Treasurer** DELETE
 NAME **LETHA L. COSSON**
 STREET ADDRESS **180 Tim Boland Road**
 CITY-ST-ZIP **DeFuniak Springs, Fl. 32433**

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an Attachment with an address.

SIGNATURE:

Letha L. Cosson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

904-892-0669

Date

Telephone No.

CR2E034 (3/96)