

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V53615 (3)**
1. Corporation Name
BLACKHAWK CONSTRUCTION OF SOUTHWEST FLORIDA, INC ORPORATED



Principal Place of Business
**17366 METCALF AVE.
PORT CHARLOTTE FL 33954
US**

Mailing Address
**17366 METCALF AVE.
PORT CHARLOTTE FL 33954
US**

3. Date Incorporated or Qualified **07/24/1992** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business
21 **10306 SW Jernigan ST**
Suite, Apt. #, etc.
22
City & State
23 **Arcadia, Florida**
Zip Country
24 **33821** 25 **Desoto**

2a. Mailing Address
26 **10306 SW Jernigan St**
Suite, Apt. #, etc.
27
City & State
28 **Arcadia, Florida**
Zip Country
29 **33821** 30 **Desoto**

4. FEI Number **65-0346941** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**IZZO, JOHN P.
180 N. INDIANA AVE.
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____
Signature typed or printed name of registered agent, if other than director. NOTE: Registered Agent cannot be removed when resigning.

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRIEND, CYNTHIA	
STREET ADDRESS	17366 METCALF AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIEND, GARY L.	
STREET ADDRESS	17366 METCALF AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FRIEND, CYNTHIA	
STREET ADDRESS	17366 METCALF AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gary Lee Friend	
13 STREET ADDRESS	10306 SW Jernigan St	
14 CITY-ST-ZIP	Arcadia, Fl. 33821	
21 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Gary Teddy Friend II	
23 STREET ADDRESS	17366 Metcalf Ave.	
24 CITY-ST-ZIP	Port Charlotte, Fl. 33954	
31 TITLE	Sec/Tre	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gary Lee Friend	
33 STREET ADDRESS	10306 SW Jernigan St	
34 CITY-ST-ZIP	Arcadia, Fl. 33821	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. 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 (as applicable) or on an addendum with an address.

SIGNATURE: *Cynthia Friend*, **Cynthia Friend**, President
Gary L Friend, **Gary L Friend**
Date: **4-12-96** Daytime Phone #: **941-491-0032**

CR2E034 (12/95)