

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 # S20476 (5)

1. Corporation Name

LABRADOR CONSTRUCTION INC.



Principal Place of Business

6835 BASS HWY
ST CLOUD FL 34771-8563
US

Mailing Address

8 EAST TWELFTH ST.
ST CLOUD FL 34769
US

3. Date Incorporated or Qualified
12/20/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 1108 New York Ave
27 Suite, Apt. #, etc.
28 City & State
29 34769
30 Country

4. FEI Number

59-3039962

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

10. Name and Address of New Registered Agent

MANLEY, PETER J.
6835 BASS HWY
ST CLOUD FL 34771

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]

Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when first filing.)

4/4/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MANLEY, PETER J.
6835 BASS HWY
ST. CLOUD FL
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COON, ROBERT
2100 7TH ST.
ST. CLOUD FL
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MANLEY, TERESA L.
6835 BASS HWY
ST. CLOUD FL 56
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
[] Change [] Addition
2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP
[] Change [] Addition
3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP
[] Change [] Addition
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP
[] Change [] Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
[] Change [] Addition
6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP
[] Change [] Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Teresa L. Manley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

Date:

407-957-22810

Daytime Phone

CR2E034 (12/95)