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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L66910

1. Corporation Name
FAGAN CONSTRUCTION, INC.



Principal Place of Business: 2501 W KRAFT CT, DUNNELLO FL 34434, US
 Mailing Address: 2501 W KRAFT CT, DUNNELLO FL 34434, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1990
 4. FEI Number: 65-0196879
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

FAGAN, KERRY B
 2501 W KRAFT CT
 DUNNELLO FL 34434

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

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|------------------------------------|------------------------|---|
| TITLE: P | FAGAN, KERRY B. | 1.1 TITLE |
| NAME: FAGAN, KERRY B. | 9550 N CARESSA WAY | 1.2 NAME |
| STREET ADDRESS: 9550 N CARESSA WAY | DUNNELLO FL | 1.3 STREET ADDRESS |
| CITY-ST-ZIP: DUNNELLO FL | | 1.4 CITY-ST-ZIP |
| TITLE: T | FAGAN, KEVIN S. | 2.1 TITLE |
| NAME: FAGAN, KEVIN S. | 114 CAMP DR. | 2.2 NAME |
| STREET ADDRESS: 114 CAMP DR. | DUNNELLO FL | 2.3 STREET ADDRESS |
| CITY-ST-ZIP: DUNNELLO FL | | 2.4 CITY-ST-ZIP |
| TITLE: V | FAGAN, WILLIAM L., JR. | 3.1 TITLE |
| NAME: FAGAN, WILLIAM L., JR. | 2501 W KRAFT CT. | 3.2 NAME |
| STREET ADDRESS: 2501 W KRAFT CT. | DUNNELLO FL | 3.3 STREET ADDRESS |
| CITY-ST-ZIP: DUNNELLO FL | | 3.4 CITY-ST-ZIP |
| TITLE: [] DELETE | | 4.1 TITLE |
| NAME: | | 4.2 NAME |
| STREET ADDRESS: | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP |
| TITLE: [] DELETE | | 5.1 TITLE |
| NAME: | | 5.2 NAME |
| STREET ADDRESS: | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP |
| TITLE: [] DELETE | | 6.1 TITLE |
| NAME: | | 6.2 NAME |
| STREET ADDRESS: | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP: | | 6.4 CITY-ST-ZIP |

3.1 TITLE: Change Addition
 3.2 NAME: MATTHEW H. FAGAN
 3.3 STREET ADDRESS: 1601 SW 27th AVE, APT 806
 3.4 CITY-ST-ZIP: Ocala, FL 34471

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, with all other like empowered.

SIGNATURE: _____ DATE: 4-6-99 DAYTIME PHONE: 352-489-7630

CR2E034 (11/98)