

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P09735 (2)

1. Corporation Name
SALIBA CONSTRUCTION CO., INC.



Principal Place of Business
**1147 N PARK AVE.
DOTHAN AL 36303
US**

Mailing Address
**1147 N PARK AVE.
DOTHAN AL 36303-3315
US**

3. Date Incorporated or Qualified 04/15/1986	3a. Date of Last Report 03/22/1996
4. FEI Number 63-0415483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**WILKINSON, THOMAS C.
115 N. JEFFERSON ST.
MARIANNA FL 32446**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SALIBA, RICHARD	
STREET ADDRESS	676 TRAWICK RD.	
CITY - ST - ZIP	DOTHAN AL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SALIBA, KAREN	
STREET ADDRESS	676 TRAWICK RD.	
CITY - ST - ZIP	DOTHAN AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALIBA, RICHARD JAMEEL	
STREET ADDRESS	6 HOLLY HILL RD.	
CITY - ST - ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMER, WILLIAM M	
STREET ADDRESS	ROUTE 2 BOX 272AA	
CITY - ST - ZIP	SLOCUMB AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAGGEARS, STEVE A.	
STREET ADDRESS	2588 BEDDINGTON WAY	
CITY - ST - ZIP	SUWANNEE GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, BRADFORD E.	
STREET ADDRESS	2035 TIMOTHY ROAD APT D308	
CITY - ST - ZIP	ATHENS GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY - ST - ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY - ST - ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY - ST - ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY - ST - ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: *Richard Saliba*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97 (324) 716-987
Date Daytime Phone #

CR2E034 (9/96)