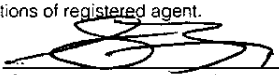
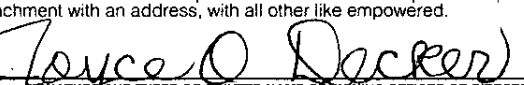


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90011 025 ***150.00

DOCUMENT # 231679 1. Entity Name FRANK C. DECKER CONSTRUCTION CO.					
Principal Place of Business 521 HOWARD AVE - LAKELAND FL 33815 100 SOUTH ASHLEY DRIVE SUITE 2200 TAMPA FL 33602			Mailing Address PO BOX 1463 LAKELAND FL 33806 WINDERMERE, FL 34786		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0878274	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, SCOTT ESQ 2922 W. BAYSHORE CT. TAMPA FL 33611 ADDRESS change ONLY				7. Name and Address of New Registered Agent Name BROWN, SCOTT ESQ Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH ASHLEY DRIVE - 2200 City TAMPA FL Zip Code 33602	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Scott Brown 2/6/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, FRANK C 521 HOWARD AVE. LAKELAND FL 33815	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, FRANK C P.O. BOX 1463 WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DECKER, JOYCE O 521 HOWARD AVENUE LAKELAND FL 33815	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DECKER, JOYCE O P.O. BOX 1463 WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, SCOTT 2922 W. BAYSHORE CT. TAMPA FL 33611	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, SCOTT 100 SOUTH ASHLEY DRIVE SUITE 2200 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  VP. 2-6-04 407.352-4400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					