

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 561457 (3)**  
 1. Corporation Name  
**A-BILD CONST. CO., INC.**



Principal Place of Business <b>4223 S. SANDALWOOD CIRCLE                  PO BOX 8795                  TAMPA FL 33617                  US</b>	Mailing Address <b>P.O. BOX 7895. N/A                  PO BOX 8795                  TAMPA FL 33674                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>03/08/1978</b>	4. FEI Number <b>59-3479112</b> <del>59-1808521</del>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent  
**MOUNT, JOE HORN, ATTY. AT LAW  
 1411 N.W. SHORE BOULEVARD  
 TAMPA FL**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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	<b>SD</b>	1.1 TITLE	<b>VP</b>
NAME	<b>PATTERSON, SYDNEY</b>	1.2 NAME	<b>Fisher, Douglas R</b>
STREET ADDRESS	<b>112 NEVING DR</b>	1.3 STREET ADDRESS	<b>7314 Riverview Drive</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	1.4 CITY- ST- ZIP	<b>Riverview, FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>SD</b>
NAME	<b>PATTERSON, GARY E</b>	2.2 NAME	<b>Fisher, Audrea M</b>
STREET ADDRESS	<b>4223 S. SANDALWOOD CIRCLE</b>	2.3 STREET ADDRESS	<b>7314 Riverview Drive</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	2.4 CITY- ST- ZIP	<b>Riverview, FL</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>TD</b>
NAME	<b>PATTERSON, ANDREA</b>	3.2 NAME	<b>Patterson, Gary E.</b>
STREET ADDRESS	<b>112 NEVING DR</b>	3.3 STREET ADDRESS	<b>4223 S Sandalwood Circle</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	3.4 CITY- ST- ZIP	<b>Tampa, FL</b>
TITLE		4.1 TITLE	<b>ASD</b>
NAME		4.2 NAME	<b>Zardinkas, Lois M</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4223 S Sandalwood Circle</b>
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<b>Tampa, FL</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
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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 in an attachment with an address.

SIGNATURE: *Gary E. Patterson* **GARY E. PATTERSON** TAMPA 98 980-1330 (813)

CR2E034 (10/97)