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

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # **F94000006419 (5)**

1. Corporation Name
ORDNER CONSTRUCTION COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1895 BEAVER RUIN ROAD, STE. N NORCROSS GA 30071	1895 BEAVER RUIN ROAD, STE. N NORCROSS GA 30071

2. Principal Place of Business — 21 — Suite, Apt #, etc — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 12/16/1994

4. FEI Number: 58-1728368 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBSON, DENNIS L
4293 NW 20TH AVE
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: *Dale W. Morris* Dale W. Morris, V.P. DATE: 3-27-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	ORDNER, DAVID A	
STREET ADDRESS	1895 BEAVER RUIN RD., STE. N	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	CV	☐ DELETE
NAME	ORDNER, DONALD L	
STREET ADDRESS	1895 BEAVER RUIN RD., STE. N	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	DST	☐ DELETE
NAME	ORDNER, LISA S	
STREET ADDRESS	1895 BEAVER RUIN RD., STE. N	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	C	☐ DELETE
NAME	CLINE, ROBERT P G.	
STREET ADDRESS	1895 BEAVER RUIN ROAD STE N	
CITY-ST-ZIP	NORCROSS GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

300002570469
-06/24/98--01005--032
***150.00

6-23

CR2E034 (10/97)

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.

SIGNATURE: [signature] 3-27-98 770-448-1531