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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55055

(4)

SOUTHERN CONTRACT DESIGNS, INC.

FILED Apr 02 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			. Indian electrical activities at a self attachment			
Address Address		P.O BAX 13827 TALLAHASSEE FL 32317- US	TALLAHASSEE FL 32317-3827		DO NOT WRITE IN THIS	S SPACE
					Date Incorporated or Qualified 02/03/1987	
	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 150	O MARION AVE	26			59-2764587	Not Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	LAHABSEE, FI	City & State	,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip		- 1	Coun	lry	8. This corporation owes or has paid the c	
24 32303 25 USA 29 30 9. Name and Address of Current Registered Agent				Personal Properly Tax due June 30. Yes No. 10. Name and Address of New Registered Agent		
4/5		nt Hegistered Agent		Name	10. Name and Address of New Hegistered	Agent
	AFT, REBECCA		[I Name		
1500 MARION AVE. TALLAHASSEE FL 32303				dress (P.O. Box Number is Not Acceptable)		
			[8	3		
			6	64 City	F	85 Zip Code
11. Pursuant to office or reagent La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508. Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo authorized orida Statu	by the corporates.	rporation submits this statement for the purpose atton's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typied or printed name of registered ag-	one and the second seco			uired when reinstating) DATE	
12.		D DIRECTORS	13.	Sperit Signaro e requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 1(11)		ADDITIONAÇETI MAZES TO STATELATORI	Change Addition
NAME	KRAFT, REBECCA		1.2 NAM	IE Ì		!
STREET ADDRESS	1500 MARION AVE.		1.3 STR	ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 C/TY	- S1 - ZIP		
TITLE		DELETE	2 1 TITL	E		Change Addition
NAME			2.2 NAM	lt		
STREET ADDRESS			2 3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CIT	r-ST-ZIP		
TITLE		DELETE	3.1 T(TL)			Change Addition
NAME			3.2 NAM	ŧ ļ		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP		
TITLE		☐ DELETE	4.1 THE	+		☐ Change ☐ Addition
NAME			4 2 NAN	1E		
STREET ADDRESS			4.3 STRI	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- \$T - ZIP		
TITLE		☐ DELETE	5.1 YITL	_ _		☐ Change ☐ Addition
NAME			5.2 NAM	₹		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY - ST - ZIP			5.4 CITY	- S1 - ZIP		
TITLE	-	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- ST - ZIP		

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 hat 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.