

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

10/2

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 23 AM 8:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P25716 (2)**

1. Corporation Name  
**GASKEY CONSTRUCTION CORPORATION**

Principal Place of Business <b>6119 CLAREWOOD HOUSTON TX 77061</b>	Mailing Address <b>6119 CLAREWOOD HOUSTON TX 77061</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>08/23/1989</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>74-1708783</b>	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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD GASKEY, GUY W</b>	1.2 NAME	<b>500002252395--0</b>
STREET ADDRESS	<b>4804 SPRUCE ST</b>	1.3 STREET ADDRESS	<b>-07/30/97--01050--014</b>
CITY-ST-ZIP	<b>BELLAIRE TX 77401</b>	1.4 CITY-ST-ZIP	<b>****173.75 ****173.75</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD GASKEY, MIGNONNE</b>	2.2 NAME	
STREET ADDRESS	<b>1306 "C" POTOMAC</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77057</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten notes and signatures in the 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 section.

Handwritten signature: *[Signature]*

Handwritten date: **6-17-97**

Handwritten number: **(713) 778-0119**

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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

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**GASKEY  
CONSTRUCTION  
CORPORATION**  
GENERAL CONTRACTOR

P.O. BOX 247  
BELLAIRE, TEXAS 77401  
(713) 778-0119

7-18-97

Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Corporation Annual Report 1997

Dear Sirs,

On January 2, 1997 we mailed our annual report to you along with a check #29301 for \$173.75 (copy attached). I have just received a second request for this information. Enclosed please find a copy of the original document filed along with a new check in the amount of \$173.75. Thank you for your help, if you need more information please contact me at (713) 778-0119.

Sincerely,

Carol McGinty  
Gaskey Construction Corp.