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 # P94000067962 (8)

DRC CONSTRUCTION CO., INC.

Principal Place of Business

Mailing Address

550 RIDGEWOOD AVE. SUITE C

550 RIDGEWOOD AVE. SUITE C

FILED May 18 1998 8:00am Secretary of State



HOLLY HILL FL 32117		HOLLY HILL FL 32117		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/12/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	1191	4. FEI Number	Applied For
21 / 4	OAK LANE	26 10, Box	117!	59-3275214	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MOND BEACH	City & State 28 ORMOND	BEACH	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32	174 25 VOLUSTA	29 32175 30	Country	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
	etens, steven r		81 Name		
) RIDGEWOOD AVE. SUITE C LLY HILL FL 32117		82 Street Add 83	riess (P.O. Box Number is Not Acceptable)	
			84 City OR	MOND BEACH F	L 85 Zip Code 32/74
11. Pursuant 1 office or reagent. I an SIGNATURE	o the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	and 607 1508, Florida Statutes, Florida Such change was authoris of, Section 607,0505, Florid	the above-named corporal a Statutes.	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE:	Signature, type door penteer new or registered weent		agistered Agent signature requi	red when reinstating) BA	120/10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	ODETENS STEVEN B	L_J DELETE	1.1 TITLE		Change Addition
NAME	CRETENS, STEVEN R	^	1.2 NAME		
STREET ADDRESS	550 RIDGEWOOD AVE. SUITE (HOLLY HILL FL	•	1.3 STREET ADDRESS		ļģ.
CITY-ST-ZIP	VP	DELETE	1 4 CITY-ST-ZIP		Change Addition
TITLE NAME	CARTER, KENNETH	Dett. it	21 TITLE		Claude T Vodition
· · · · · · · · · · · · · · · · · · ·	550 RIDGEWOOD AVE SUITE (·	2.2 NAME		
STREET ADDRESS	HOLLY HILL FL	'	2.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	S	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	CONNORS, KEVIN J	Jane 1	32 NAME		C Stratigo C Acciton
STREET ADDRESS	550 RIDGEWOOD AVE SUITE O	:	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	***	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		B
TITLE		DELETE	5.1 TITLE		Change Addition
NAME)			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		(
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		

14. Thereby 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 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:

STANKA CLETENS

4/28/18/94-252-1742