

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 217963 (8)

1. Corporation Name
SENKARIK BUILDING COMPANY, INC



Principal Place of Business 210 MAGNOLIA AVENUE SANFORD FL 32771	Mailing Address 210 MAGNOLIA AVENUE SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 Sunset Drive Suite, Apt. #, etc.		2a. Mailing Address 26 104 Sunset Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/08/1958	
22 City & State 23 Sanford, FL		27 City & State 28 Sanford, FL		4. FEI Number 59-6071154	
24 Zip 32771		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32771		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SENKARIK, JERRY M 210 MAGNOLIA AVE. SANFORD FL 32771				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SENKARIK, JERRY M 210 MAGNOLIA AVE. SANFORD FL 32771				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 2412 S. Elm Avenue	
				83	
				84 City Sanford	
				85 Zip Code FL 32771	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENKARIK, JERRY M.		1.2 NAME	
STREET ADDRESS 210 MAGNOLIA AVE.		1.3 STREET ADDRESS	2412 S. Elm Avenue
CITY-ST-ZIP SANFORD FL		1.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE SPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENKARIK, CHARLES E.		2.2 NAME	
STREET ADDRESS 210 MAGNOLIA AVE.		2.3 STREET ADDRESS	104 Sunset Drive
CITY-ST-ZIP SANFORD FL		2.4 CITY-ST-ZIP	Sanford, FL 32771
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	

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 _____ Charles E. Senkarik 25 APR 1998 407-322-4054

CF2E034 (10/97)