

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

FILED

Feb 09 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 # 240838 (3)
1. Corporation Name
STATE CONSTRUCTION SYSTEMS, INC.



Principal Place of Business 3039 N WALDO RD GAINESVILLE FL 32609	Mailing Address 3038 N WALDO RD GAINESVILLE FL 32609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13514 U.S. Hwy. 441 Suite, Apt. #, etc. 22 City & State 23 Alachua, FL Zip 24 32615		2a. Mailing Address 25 P.O. Box 1029 Suite, Apt. #, etc. 27 City & State 28 Alachua, FL Zip 29 32616-1029		3. Date incorporated or Qualified 10/04/1960	
2. Principal Place of Business 21 13514 U.S. Hwy. 441 Suite, Apt. #, etc. 22 City & State 23 Alachua, FL Zip 24 32615		2a. Mailing Address 25 P.O. Box 1029 Suite, Apt. #, etc. 27 City & State 28 Alachua, FL Zip 29 32616-1029		4. FEI Number 59-0908798 Applied For Not Applicable	
2. Principal Place of Business 21 13514 U.S. Hwy. 441 Suite, Apt. #, etc. 22 City & State 23 Alachua, FL Zip 24 32615		2a. Mailing Address 25 P.O. Box 1029 Suite, Apt. #, etc. 27 City & State 28 Alachua, FL Zip 29 32616-1029		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 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 PETTENGILL, JAMES E 2015 N W 19TH LANE GAINESVILLE FL 32605		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	VDS BOSTON, JOFFRE T. 1733 NW 39TH DRIVE GAINESVILLE FL 32605 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTENGILL, JAMES E. 2015 N W 19TH LANE GAINESVILLE FL 32605 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement to 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: _____ REQUIRED James E. Pettengill 2/2/98 (904)462-5387

CR2E034 (10/97)