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FILED
Feb 24, 1999 8:00 am
Secretary of State

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✓ PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 255867

1. Corporation Name

MATHEWS CORPORATION
DIB/A MATHEWS CONSTRUCTION

Principal Place of Business

3514 ARCH STREET
TAMPA FL 33607

Mailing Address

3514 ARCH STREET
TAMPA FL 33607

1604 N. MARION ST.
TAMPA FL 33602

1604 N. MARION ST
TAMPA FL 33602

2. Principal Place of Business

21 1604 N. MARION ST

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 1604 N. MARION ST

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33602

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1962

4. FEI Number

59-0967052

Applied For

Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

✓ No

9. Name and Address of Current Registered Agent

OELLERICH, DAVID E.
3514 ARCH STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name OELLERICH, DAVID E.

82 Street Address (P.O. Box Number is Not Acceptable)

1604 N. MARION ST

83

84 City TAMPA

FL

85 Zip Code

33602

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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ELFLER, PATRICIA
STREET ADDRESS 1724 TALLOWTREE CR.
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE
NAME PCEO
STREET ADDRESS OELLERICH, DAVID E
CITY-ST-ZIP 448 LUCERNE AVENUE
TAMPA FL 33606

TITLE ☐ DELETE
NAME D
STREET ADDRESS OELLERICH, HERMAN J
CITY-ST-ZIP 103 MARTINIQUE AVENUE
TAMPA FL 33606

TITLE ☐ DELETE
NAME D + Sec.
STREET ADDRESS OELLERICH, MARY ELLEN
CITY-ST-ZIP 448 LUCERNE AVENUE
TAMPA FL 33606

TITLE ☐ DELETE
NAME EVP
STREET ADDRESS MAHONEY, MICHAEL
CITY-ST-ZIP 750 ALDA WAY
ST. PETERSBURG FL 33704

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)