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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

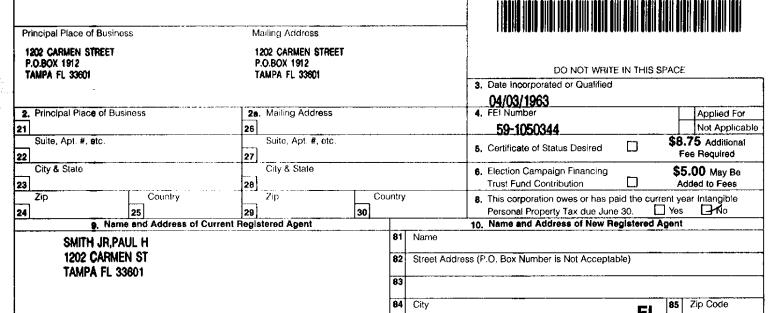
1998DOCUMENT #

268576

(6)

PAUL SMITH CONTRACTING CO., INC.

FILED
May 19 1998 8:00am
Secretary of State



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	Signature, typed or printed name of registers o agest and till	e if applicable (NOTE	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ÇD	DELETE	1.1 TITLE	PD	Change	Addition
NAME	\$MITH JR,PAUL H		1.2 NAME	Smith. Geoffrey E.		
STREET ADDRESS	4811 WOODMERE ROAD		1.3 STREET ADDRESS	Smith, Geoffrey E. 9512 Eddings Road		
CITY-ST-ZIP	TAMPA FL 33609-3632		1.4 CITY-ST-ZIP	Odessa, FL 33556		
TITLE	PD	DELETE	2 1 TITLE		Change	Addition
NAME	\$AMFORD,J S		2.2 NAME			
STREET ADDRESS	5 810 N. 19TH ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	ŢAMPA FL		2. 4 CITY-ST-ZIP			
TITLE	\$TD	☐ DELETE	3.1 TITLE		Change	Addition
RAME	\$M ITH,OLLIFF H.		3.2 NAME			
STREET ADDRESS	4811 WOODMERE ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609-3632		3.4. CITY - \$1 - 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			
TITLE		☐ DELETE	5.1 TITLE		Change	Addillon
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			`
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
I			_	1		

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 supplience and an 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 attach field with an address.

nd or on an attachment with an appress.