

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 280827 (7)
1. Corporation Name
CONSTRUCTION SERVICE COMPANY OF FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 217 P.O. BOX 217
VALPARISO FL 32580 VALPARISO FL 32580

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1964	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1050415	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SIMS, II J 139 BAYSIDE DRIVE NICEVILLE FL 32578				10. Name and Address of New Registered Agent			
81	Name William Scott Foster			85	Zip Code 32547		
82	Street Address (P.O. Box Number is Not Acceptable) 909 MARWAIT DR.						
83	Suite SUITE 1014						
84	City FL. WATSON BEACH						

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 William Scott Foster William A. Spate DATE 4/30/98
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	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	SIMS, JOHN C., III		1.2 NAME				
STREET ADDRESS	155 GRANDVIEW AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	VALPARAISO FL		1.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	PRICE, STAN D		2.2 NAME				
STREET ADDRESS	107 LINCOLNSHIRE		2.3 STREET ADDRESS				
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition			
NAME	SIMS, JOHN C., IV		3.2 NAME	ST/P			
STREET ADDRESS	110 AUCILLA COVE		3.3 STREET ADDRESS	Sims, John C., IV			
CITY-ST-ZIP	VALPARAISO FL		3.4 CITY-ST-ZIP	110 AUCILLA COVE			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☒ Addition			
NAME			4.2 NAME	V			
STREET ADDRESS			4.3 STREET ADDRESS	Sims, Paul G.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	335 CHICAGO AVE			
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME	VALPARAISO, FL 32580			
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				
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.

CR2E034 (10/97)