

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

FILED
May 06 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 # 326602 (0)
1. Corporation Name
TINDEL CONSTRUCTION, INC.



Principal Place of Business Mailing Address
922-1 W. WHITE AVE. P.O. BOX 476
GRACEVILLE FL 32440 GRACEVILLE FL 32440
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1203017	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRUTCHFIELD, MICHAEL				81 Name Clyde Crutchfield			
5553 BROWN STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
GRACEVILLE FL 32440				5770 Hwy 77			
				83			
				84 City Graceville FL 85 Zip Code 32440			

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 in Section 607.0505, Florida Statutes.

SIGNATURE *Clyde Crutchfield* Clyde Crutchfield, President 4-27-98
(NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	CRUTCHFIELD, ELOISE	<input type="checkbox"/> DELETE	1.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	Crutchfield, Eloise		
STREET ADDRESS		5770 HWY 77		1.3 STREET ADDRESS	5770 Hwy 77		
CITY-ST-ZIP		GRACEVILLE FL		1.4 CITY-ST-ZIP	Graceville, FL 32440		
TITLE	PD	CRUTCHFIELD, MICHAEL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Crutchfield, Clyde		
STREET ADDRESS		5553 BROWN STREET		2.3 STREET ADDRESS	5770 Hwy 77		
CITY-ST-ZIP		GRACEVILLE FL 32440		2.4 CITY-ST-ZIP	Graceville FL 32440		
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 *[Signature]*

CR2E034 (10/97)