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Jan 16 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 # **423476** **(1)**

1. Corporation Name
DAVID TOUCHTON CONTRACTOR, INC.

Principal Place of Business	Mailing Address
505 LIVE OAK LANE HAVANA FL 32333	~~505 LIVE OAK LANE~~ ~~HAVANA FL 32333~~ 1533 N. Mission Rd. Apt. AA-1 Tallahassee, FL. 32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1533 N. Mission Rd. Apt AA-1	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 04/11/1973	
Suite, Apt. #, etc. 22 Tallahassee, FL	Suite, Apt. #, etc. 27	4. FEI Number 59-1452210	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32304 / 25 Leon	Zip / Country 29 / 30	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	10. Name and Address of New Registered Agent
TOUCHTON, DAVID 505 LIVE OAK LANE HAVANA FL 32333	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 David Touchton 1-9-98
Signature of, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TOUCHTON, DAVID		1.2 NAME	
STREET ADDRESS	110 LIVE OAK LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		1.4 CITY-ST-ZIP	
TITLE	VTS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TOUCHTON, DEBBY		2.2 NAME	
STREET ADDRESS	110 LIVE OAK LN.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-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 ☐ Addition
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	
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 David Touchton DAVID TOUCHTON 1-9-98

CR2E034 (10/97)