

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **468738** (0)  
1. Corporation Name  
**SEMCO CONSTRUCTION, INC.**

Principal Place of Business <b>205 CENTURY BLVD. P.O. BOX 706 BARTOW FL 33830</b>	Mailing Address <b>205 CENTURY BLVD. P.O. BOX 706 BARTOW FL 33831 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1975</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1570067</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LOCKE, CARL E 2075 CHEROKEE BARTOW FL 33830</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Carl E. Locke, Jr.</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>216 College Grove Circle NE</b>	
		83	
		84 City <b>Winter Haven</b>	
		85 Zip Code <b>FL 33881</b>	

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  **Carl E. Locke, Jr., President** 3/3/98  
Signature, typed or printed name of registered agent and the corporation (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKE, CARL E. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>216 COLLEGE GROVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKE, SHANE D</b>	2.2 NAME	
STREET ADDRESS	<b>1934 THOROUGHbred DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOTHA FL 34743</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEASLEY, DANNY</b>	3.2 NAME	
STREET ADDRESS	<b>7005 WALKER LAKE ROAD-</b>	3.3 STREET ADDRESS	<b>205 CENTURY BOULEVARD</b>
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	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:  3/3/98 941-533-7193  
Signature and typed or printed name of person officer or director Date Telephone #

CR2E034 (1097)