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

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 538538

(0)

Mailing Address

COTTON CONSTRUCTION, INC.

FILED
May 16 1997 8:00am
Secretary of State



BOX 2396 KEY WEST FL 3		8410 5TH STREET. 8 BOX 2386 KEY WEST FL 33045	-2386	3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 04/23/1996
·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-1762965	Not Applicat
Sulte, Apt. #	V, etc.	Suite, Apt. #, etc	D. !	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,  Yes No
4	25   9. Name and Address of Curr	29	30	Florida Statutes L.  10. Name and Address of New Re	<del></del>
A 11011	_ <del></del>	tent registated Agent	81 Name		glatorou Aguitt
	N, SHIRLEY ANN 1 - STH STREET, STOCK ISLA	IND		t Address (P.O. Box Number is Not Acceptal	ne)
	WEST FL 33040		83	(Address (F.O. Dox Horribor is Hot Adoption	
			84 City		85 Zip Code
ia 🗱 🗀	. 370		;	d corporation submits this statement for the proporation's board of directors. I hereby acce	FL!!
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable.	(NOTE: Reg.s ored Agent signatu	re required when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	P	DELET			☐ Change ☐ Addi
NAME STREET ADDRESS	COTTON, WILLIAM F., SR 30 BAMBOO TERR. KEY WEST FL	_	12 NAME	3	
CITY-ST-ZIP	S S	DELF	1 4 CITY - ST - ZIP  1 1 TITLE		Change Addi
NAME	COTTON, LOIS G	tal see	22 NAME		
STREET ADDRESS	30 BAMBOO TERR.		23 STREET ADDRESS		
	KEY WEST FL		2 4 CITY-S1-ZIP	'	
CITY-ST-ZIP TITLE	V	DELE <sup>3</sup>			Change Add
NAME	COTTON, WILLIAM F., JR	_	3.2 NAME	· ·	7.**
STREET ADDRESS	1516 17TH TERRACE		3 STREET ADDRESS	ş <b>İ</b>	
CITY-ST-ZIP	KEY WEST FL		3,4. CITY - ST - ZIP		
TITLE	8	☐ DELE	TE 4,1 TITLE		Change Add
NAME	LYNN, ANN C (ASST)		4, 2 NAME		·
STREET ADDRESS	84 KEY HAVEN ROAD		4,3 STREET ADDRESS	s	
0.774 07 750	KEY WEST FL		4,4 CITY - ST - ZIP		
WIT-SI-ZIP	S	☐ DELE	TE 5 <sub>,</sub> 1 TITLE		☐ Change ☐ Add
			5,2 NAME		
	CATES, SUE C.		1 12 13 1112		
TITLE NAME	CATES, SUE C. 4085 CONWAY PLACE CIRC	CLE	5 3 STREET ADDRESS	S	
TITLE NAME STREET ADDRESS	CATES, SUE C.		5 3 STREET ADDRESS 54 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS	CATES, SUE C. 4085 CONWAY PLACE CIRC	CLE DELE	5 3 STREET ADDRESS 54 CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CATES, SUE C. 4085 CONWAY PLACE CIRC		5 3 STHEET ADDRESS 5 4 CITY - ST - ZIP		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE	CATES, SUE C. 4085 CONWAY PLACE CIRC		53 STHEET ADDRESS 54 CITY - ST - ZIP TE 6.1 TITLE		☐ Change ☐ Add

14. I do 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 12 if changed, or on an attachment with an address.

Ann

Secretary

4-17-97

305-296-5634