

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **538538**

(0)

1. Corporation Name

COTTON CONSTRUCTION, INC.

Principal Place of Business

**6410 5TH STREET, STOCK ISLAND
BOX 2652
KEY WEST FL 33045**

Mailing Address

**6410 5TH STREET, STOCK ISLAND
BOX 2652
KEY WEST FL 33045**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1977

4. FEI Number

59-1762965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LYNN, SHIRLEY ANN
6410 - 5TH STREET, STOCK ISLAND
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

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

Signature, typed (or printed) name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COTTON, WILLIAM F., SR	
STREET ADDRESS	30 BAMBOO TERR.	
CITY- ST- ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COTTON, LOIS G	
STREET ADDRESS	30 BAMBOO TERR.	
CITY- ST- ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COTTON, WILLIAM F., JR	
STREET ADDRESS	1516 17TH TERRACE	
CITY- ST- ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LYNN, ANN C (ASST)	
STREET ADDRESS	84 KEY HAVEN ROAD	
CITY- ST- ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CATES, SUE C.	
STREET ADDRESS	4085 CONWAY PLACE CIRCLE	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Shirley Ann Lynn* Shirley Ann Lynn 4-20-98 305-294-2044

CR2E034 (10/97)