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

FILED Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) 607283 THREE RIVERS CONSTRUCTION, INC. Principal Place of Business Mailing Address 1114 SEMINOLE DR. 1114 SEMINOLE DR. INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1979 2. Principal Place of Business 2a. Mailing Address Applied For 59-1874233 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORTNER, CARL W 1114 SEMINOLE DR. Street Address (P.O. Box Number is Not Acceptable) 82 INDIAN HARBOUR BEACH FL 32937 83 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Addition Change DELETE TITLE CORTNER, CARL W NAME 1.2 NAME 1114 SEMINOLE DR. 1.3 STREET ADDRESS STREET ADORESS INDIAN HARBOUR BC FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE NAME CORTNER, ADA M 2 2 NAME STREET ADORESS 1114 SEMINOLE DR. 2.3 STREET ADDRESS INDIAN HARBOUR BC FL 2. 4 CITY - ST - 7/P CITY-ST-ZIP Addition DÉLE IE 3.1 THILE TITLE 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. C(1Y - ST - Z(P) CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STHEFT ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CHY-ST-ZIP Addition DELETE Change 51 TITLE TIFLE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY - S1 - ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME

14. Thereby 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 on 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 in or an attackment with an address. Cortner 4/21/98

6 3 STREET ADDRESS

NAME

STREET ADORESS