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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 607314

(2)

MAYO CONTRACTING, INC.

FILED Apr 06 1998 8:00am Secretary of State

	_								
Principal Place of Business		Mailing Address			- I 101110 (1111) (1111) (10013 (1110) (1211)	181 91811 818		I BIBIT IDEL	
1632 S LAKE		1632 S LAKESHORE DR							
SARASOTA FL 34231 US		SARASOTA FL 34231 US			DO NOT WRITE IN THIS SPACE				
		•			3. Date Incorporated or Qualified				
						01/15/1979			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	oplied For	
21		26			59-1871952		No	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27			Certificate of Status Desired	atus Desired		
City & Stat	le	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip	Country	28	Cou	ntrv		<u> </u>			
24	25	· · · ·	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 Curre		1441			10. Name and Address of New R		I Agent	
MA	YO, HOWELL R. JR.		81 Name						
	32 S LAKESHORE DR		82 Street Addre		at Addre	ss (P.O. Box Number is Not Accepta	hle)		
(RASOTA FL 34231				A Addie	ss (1.0. Dox Northber is Not Accepte			
				83					
	4		-	84 City		· ·	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stati	utes, the ab	ove-name	ed corpo	pretion submits this statement for the	purpose o	of changing it	s registered
office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was loations of Section-607.0505. F	authorized Florida Stati	d by the co utes.	orporatio	on's board of directors. I hereby acce VELL R. MAYO	pt the ap	pointment as	registered
SIGNATURE	Thursday R. M.	Muo TR	ionoa oran		HUV	VELL K. MAIO	3	2/30-9	8
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NC	OTE: Registered	Agent signate	pre required	d when reinstating)	DATE	7	
12.		ND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	PD	☐ DELETE	1.1 111		Ì			Change	☐ Addition
NAME	MAYO, HOWELL R		1.2 NA						
STREET ADDRESS	1632 S LAKESHORE DR			REET ADDRESS	8				
CITY-ST-ZIP TITLE			1 4 CIT	Y-ST-ZIP				Change	Addition
NAME	MAYO, MADGE T		2.2 NAME					ondrigo	
STREET ADDRESS	1632 S LAKESHORE DR		2.3 STREET AD		,				
CITY-ST-ZIP	SARASOTA, FL 00000			TY-ST-ZIP	'	•			
TITLE	<u> </u>	DELETE	3.1 TIT				······	Change	Addition
NAME			3.2 NA	ME				_	
STREET ADDRESS			3.3 STI	reet address	3				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP					
TITLE		☐ DELETE	4.1 TIT	LE				☐ Change	Addition
NAME			4. 2 NA	AME					
STREET ADDRESS			4.3 STF	REET ADDRESS	3				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 717	L E				Change	■ Addition
NAME			5.2 NA	ME	1				
STREET ADDRESS			5.3 STF	REET ADDRESS	\$				
CITY-ST-ZIP				Y-ST-ZIP	 				T
TITLE		DELETE	6.1 TIT					L Change	Addition
NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS	•				
CITY-ST-ZIP	certify that the information supplied	with this filing does not avalify		Y-ST-ZIP motion sta	ted in S	ection 119.07(3Vi) Florida Statutos	Lfurther c	ertify that the	information
indicated	on this annual report or supplemen	ital annual report is true and ac	curate and	that my s	ignature	ection 119.07(3)(i), Florida Statutes. shall have the same legal effect as	if made u	nder oath; tha	at I am an
Block 12	or Block 13 if changed or on an att	ceiver or trustee empowered to achment with an address.	execute th			red by Chapter 607, Florida Statutes R. MAYO	, and that	rily name app	pears in

HOWELL R. MAYO