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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

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FILED Mar 20 1998 8:00am Secretary of State

нксс 	CONSTRUCTION CO., II	NC.					
Principal Place of Business Mailing Address						T 1800/120 OCCUPA (SING BINCE OBSINCE OBSINCE) (OLI ONDI) ()	AN BIAIN SINI AKAN MENINTAN
5259 BAFFIN CIRCLE SPRINGHILL FL 34806 US		5259 BAFFIN CIRCLE SPRINGHILL FL 3460 6 US				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 09/20/1979	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For
21		26				59-1938769	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		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 24	Country 25	Z(p 29	Country 30			This corporation owes or has paid the or Personal Property Tax due June 30.	current year Intangible Yes X No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CECIL, HOWARD K 5259 BAFFIN CIRCLE SPRING HILL FL 34606			81	Name			
			82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)	
				B3		, , , , , , , ,	
				84	City	F	85 Zip Code
office or req agent. I am	the provisions of Sections 607 gistered agent, or both, in the S familiar with, and accept the o	State of Florida. Such change	was authorized	yd b	the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
CIGNIATURE							

Signature, typed or printed name of registered agunt and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition PDS 1.1 TITLE TITLE CECIL, HOWARD K 1.2 NAME NAME **5259 BAFFIN CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

ORPINE HAWARO KCFCIL