## 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

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Principal Place of Business Mailing Address									1 100 HA BINDI BINDI BINDI 110 HA BINDI 110 HA				
3210 SYDNEY ROAD PO BOX 458 PLANT CITY FL 33564				3210 SYDNEY ROAD PO BOX 458 PLANT CITY FL 33564				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified					
2. Principal Place of Business									02/04/1980				
_	Principal Pl	iace of Busi	ness	2a. Mailing Address				4. FEI Number			Applied For		
21	Suite, Apt.	# elc		Suite, Apt. #, etc.				59-1957342		ÉD 7	-	Applicable	
22	waller the state			27				5. Certificate of Status Desired			-	duired	
==-1	City & State			City & State				6. Election Campaign Financing				May Be	
23				28				Trust Fund Contribution		•		Fees	
	Zip	Country		Zıp	Co	Country			8. This corporation owes or has p	aid the	current yea	r Inta	ingible
24			25	29	30	τ—			Personal Property Tax due June		Yes Yes		No
			and Address of Curre	nt Registered Agent		81			10. Name and Address of New Ro	egister	ed Agent		
LEWIS, JOHN T 3210 SYDNEY RD. PLANT CITY FL 33567								ss (P.O. Box Number is Not Accepta		85	Zip C	Code	
Si	agent. I ad GNATURE	m <b>fam</b> iliar w	ith, and accept the oblig for printed name of registered ag	pations of, Section 607.0505, est and title it applicable. (N	Florida Sta	tute	S.		ration submits this statement for the n's board of directors. I hereby acce when reinstating)	DAT	F		
12 101		PD OFFICERS A		ID DIRECTORS  DELETE		13. 1.1 TITLE		1	ADDITIONS/CHANGES TO OFFI	CERS A	AND DIREC		S IN 12 Addition
NAI		LEWIS,	JOHN T	otter	1.2 N						L. Vilari	ığı	radiction
STREET ADDRESS		3210 SYDNEY RD				1.3 STREET ADDRESS							
	Y-ST-ZIP		CITY, FL 00000				ST-ZIP						
TITE	<del></del>	VP		DELETE	2.1 T						☐ Chan	ige	Addition
NAI	AE :	LEWIS,	raymond R.		22 N	AME							
STP	TREET ADDRESS 3210 SYDNEY RD					2.3 STREET ADDRESS							
	Y-ST-ZIP		CITY, FL 00000	TT :::::::::::::::::::::::::::::::::::			ST-ZIP						
TITI			l DEAN	☐ DELETE		31 TITLE 32 NAME					L. Chan	ige	Addition
NA													
	EET ADDRESS	<b>4</b>	ONEY RD		1		ADDRESS						
TITE	Y-ST-ZIP	SD SD	CITY, FL 00000	☐ DELETE	3.4. C		ST - ZIP				☐ Chan	uue	Addition
	AE	HORN, I	DAVID.		9	IAME						.go	
	EET ADDRESS		ONEY RD				ADDRESS						
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CIT	r-ST-ZIP				5.4 C	ITY - S	T-ZIP						
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NAM	<b>∧</b> €				6.2 N	AME							
STA	EET ADDRESS				6.3 STREET ADDRESS								
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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.

**FILED** 

Jan 21 1998 8:00am

Secretary of State