FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # 688213** (8)T & T CONTRACTOR, INC. Principal Place of Business Mailing Address 6021 EDGEMERE P.O. BOX 33273 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1980 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2015972 21 6238 LAUDERDILE ST 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 PALM BEACH GARDENS Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHIODO, LOUIS JOHN **6021 EDGEMERE CRT** 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 33273 83 PALM BEACH GARDENS FL 33410 84 City 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CHIODO, LOUIS JOHN NAME 1.2 NAME **6021 EDGEMERE CT** 1.3 STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DFLETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CI1Y - ST - ZIP DELETE ... Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 logal effect as if made under oath; that I am an officer or director of the conforation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or given attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP