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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 680422

101

FILED May 04 1998 8:00am Secretary of State

Principal Place	ONTRACTORS, INC.	Mailing Address			
		8701 RIDGELAND DRIV C/O DONALD C. RAINE		·	
				DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 09/29/1980 	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2093456	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	,	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be ☐ Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	_ · _ ·
	9. Name and Address of Currer			10. Name and Address of New Regis	
RAI	NEY, DONALD C.		81 Name		
	1 RIDGELAND DRIVE		82 Street Ad	ldress (P.O. Box Number is Not Acceptable))
MIA	MI FL 33157				
			83		
		J	84 City		85 Zip Code
44 0					FL 65 Zip Code
office or r	paletored agent or both in the State	or and dor 1500, Honda San	utes, the above-hamed co	proporation submits this statement for the purporation's board of directors. I bereby passent t	be appointment as registered
SIGNATURE				orporation submits this statement for the purparation's board of directors. I hereby accept the accept the surface of the statement for the purparation is board of directors.	he appointment as registered
SIGNATURE	Signature, typed or printed name of depoterist age		ones, the above-named co- s authorized by the corpor Florida Statutes. Ott. Registered Agent signature req. 13.		DATE
SIGNATURE	Signature, typed or printed name of regions Lagr OFFICERS AN	ent and title if applicable (NC	OTI. Registered Agent signature req	guired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of regions Large OFFICERS AN PD RAINEY, DONALD C.	ent and whe if applicable (NC ID DIRECTORS	OTF. Registered Agent signature req	guired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registral action of PD RAINEY, DONALD C. 8701 RIDGELAND DRIVE	ent and whe if applicable (NC ID DIRECTORS	OTE Registered Agent signature req	guired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regions Large OFFICERS AN PD RAINEY, DONALD C.	ent and title if applicable (NS) ID_DIRECTORS	13. 1.1 TITLE 1.2 NAMF 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	guired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
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plemental 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 the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in shall be received on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in shall be received with an address.