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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT  1998	Sec	Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			Secretary of	f	Sta	ate	
	MENT # 6977 ONSTRUCTORS, INC.	27 (6)				T INDII POITIE GAIN COM NACH TARII FRON AKAN DIDA		an sian	<b>0/0</b> /1/100/	
Principal Place of Business Mailing Address  C/O ROBI KELLEY ROBERTS C/O ROBI KELL  1514 \$ WASHINGTON AVE 1514 \$ WASHIN  TITUSVILLE FL 32780 TITUSVILLE FL 32			ELLEY ROBERTS HINGTON AVE			DO NOT WRITE IN THIS				
2. Principal P	lace of Business	2a. Mailing Address 26				3. Date Incorporated or Qualified  08/05/1981  4. FEI Number  59-2117862	Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired . 💢 \$8.7				dditional quired	
City & Stat		28	·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	30 Cou	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
	9. Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New Registered	Agent			
ROBERTS, ROBI KELLEY 1514 & Washington Ave Titusville FL 32780					Street Ado	eel Address (P.O. Box Number is Not Acceptable)				
				В4	City	FL	85	Zip C	ode	
11. Pursuant office or ragent. I a	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the o	.0502 and 607, 1508, Florida Si State of Florida. Such change v obligations of, Section 607,0509	lalutes, the a vas authorize 5, Florida Sta	bove d by tutes	named cor the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	chan- ointm	ging its ant as r	registered egistered	
SIGNATURE	Signature, typins or priorest many of register	ed accest and title if popular-title	(NOTE Broistero	d Aon	nt signature roqu	uired when reinstating) DATE				
12.		S AND DIRECTORS	13.		- Signatore requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS	3 IN 12	
THILE	PTD	DELETE	1.1 TI	1.1 TITLE					Addition	
NAME	ROBERTS, ROBI KELLEY		1.2 N	1.2 NAME						
STREET ADORESS	STREET ADDRESS 1514 S WASHINGTON AVE			1.3 STREET ADDRESS						
CITY-S1-ZIP	TITUSVILLE, FL 00000	· · · · · · · · · · · · · · · · · · ·	1.4 0	ITY-S	- ZIP					

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: typind or protest more of registered agest and fells if implicable (NOTE Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TOLE	PTD	DELETE	1.1 TITLE	Change Addition								
NAME	ROBERTS, ROBI KELLEY	<b>—</b>	1.2 NAME									
STREET ADORESS	1514 S WASHINGTON AVE		1.3 STREET ADDRESS									
CITY-S1-ZIP	TITUSVILLE, FL 00000											
TITLE	S	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition								
	•	L. J DELETE		C Ottailife C Montrolt I								
NAME	KELLEY, HOLLEY J.		2.2 NAME									
STREET ADDRESS	1514 S WASHINGTON AVE		2.3 STREET ADDRESS .									
CITY-ST-ZIP	TITUSVILLE, FL 00000		2. 4 CITY - ST - ZIP									
TITLE	VD	☐ DELF 1E	3.1 TITLE	Change Addition								
NAME	KELLEY, F. DEL		32 NAME									
STREET ADDRESS	1514 S. WASHINGTON AVE.		3.3 STREET ADDRESS	ļ:								
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY - ST - ZIP									
THILE		DELETE	4.1 TITLE	☐ Change ☐ Addition								
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS	İ								
CITY-ST-ZIP			4.4 CiTY - ST - ZiP	<u> </u>								
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition								
NAME			52 NAME									
STREET ADDRESS			5 3 STREET ADDRESS									
CITY-ST-ZIP			54 CHTY - ST - ZHP									
TITLE		DELETE	6.1 TITLE	Change Addition								
NAME			62 NAME									
STREET ADDRESS			6.3 STREET ADDRESS	}								
000/ CT 210			CACITY CT 700	<b> </b>								

14. Thereby 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** 

Mar 12 1998 8:00am

407-267-2207