FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								
	PROFIT	FLORIDA DEPARTMENT OF STATE			FILED * Filed * Filed * Filed * Feb 24, 1999 8:00 am			
	RPORATION	Katherine Harris Secretary of State			Feb 24, 1999 6:00 am			
	DIVISION OF C		TIONS	Secretary of State				
1999 DIVISION OF CORPORATIONS					02-24-1999 90165 04	2 ***150.	00	
1. Corporation	MENT # 844992							
SUITT C	ONSTRUCTION CO., INC.							
Principal Place	e of Business	Mailing Address						
P O BOX 8858 P O BOX 8858								
GREENVILLE SC	GREENVILLE SC 29604			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 01/16/1980			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For	
21		26 1400 Ceve Suite, Apt. #, etc.	and	<u>st.</u>	57-0509435	88.75 A	t Applicable	
Suite, Apt. 22	#, etc.	27			5. Certifcate of Status Desired 🖉 No	Fee Re		
City & Stat	0	City & State		•	6: Election Campaign Financing Trust Fund Contribution			
23 Zip	Country Zip			try	8. This corporation owes the current year Intangible			
24	25		30		Personal Property Tax. 10. Name and Address of New Registered A			
	9. Name and Address of Currer	nt Registered Agent		31 Name	IV. Name and Address of New Registered i	-90		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			-	32 Street Addr	ess (P.O. Box Number is Not Acceptable)			
PLAN		-	33					
			Ļ	34 City		85 Zip (Code	
					FL	changing its	registered	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized	ov the corporatic	on's board of directors. I hereby accept the appoint	ntment as reg	gistered	
SIGNATURE	•				d when reinstating) DATE			
12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
TITLE	CEO	DELETE	1.1 TITL			Change	Addition	
NAME STREET ADDRESS	SUITT, T.H. 1400 CLEVELAND ST		1.2 NAM 1.3 STR	IE EET ADDRESS	•			
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY	-ST-ZIP				
TITLE	S		2.1 TITL 2.2 NAM			Change 🗌	Addition	
NAME STREET ADDRESS	PIERCE, DOROTHY 1400 CLEVELAND ST			EET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC 29604			Y-ST-ZIP		Change	Addition	
TITLE NAME	V STARRY, GUY		3.1 TITL 3.2 NAM					
STREET ADDRESS	1400 CLEVELAND ST		3.3 STR	EET ADDRESS				
CITY-ST-ZIP TITLE	GREENVILLE SC 29604		3.4. CIT	Y-ST-ZIP		Change	Addition	
NAME	CRONIN, JOHN		4. 2 NA				ł	
STREET ADDRESS	1400 CLEVELAND ST			EET ADDRESS				
CITY-ST-ZIP TITLE	GREENVILLE SC 29604		4.4 CITY 5.1 TITL	E		Change	Addition	
NAME	ONEILL, CHRIS		5.2 NAM					
STREET ADDRESS	1400 CLEVELAND ST GREENVILLE SC 29604			EET ADDRESS				
TITLE	CEO		6.1 TITL			Change	Addition	
	WARREN,D. 1400 CLEVELAND ST		6.2 NAM 6.3 STR	IE EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	GREENVILLE SC 29604		6.4 CIT	-ST-ZIP				
 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 enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 								
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Prolod Statutes, and that my hame appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.								
SIGNATURE: XOUTIRE RECUERED 213 99 864-250-500								
	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	DR	Date	rytime Phone #		

CR2E034 (11/98)