## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**FILED** AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name 849270 CONSTRUCTION DEVELOPMENT SERVICES, INC. Principal Place of Business Mailing Address 508 CLARISSA DRIVE 508 CLARISSA DRIVE BRANDON FL 33511 BRANDON FL 33511 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1261268 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. \_\_\_ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DESROCHERS, RAYMOND A. **508 CLARISSA DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition DESROCHERS, RAYMOND A. NAME 1.2 NAME **508 CLARISSA DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change NAME **DES**ROCHERS, SHIRLEY 2.2 NAME STREET ADDRESS **508 CLARISSA DRIVE** 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 000002612860 TITLE DELETE 6.1 TITLE

in Block 12 or Block 13 if changed, or on an attachment with an address. RAYMOND A DESMOCHERS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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

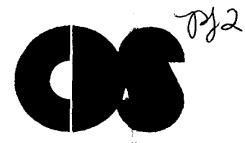
**-08/11/98--**01045-**-0**43

\*\*\*150.00

NAME

STREET ADDRESS

CITY-ST-ZIF



July 28, 1998

## CONSTRUCTION DEVELOPMENT SERVICES, INC.

220 West Brandon Blvd. Sulte 200 Brandon, FL 33511-5100 Tel. (813) 681-8884 Fax (813) 684-9857

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Annual Report

To whom it may concern:

We received a "2nd Notice" in the mail, without receiving the "Original".

All incoming mail for which a check must be generated goes into one box. A thorough search of the office did not turn up the missing original. We therefore assume it did not get miss-filed.

Had it arrived it would have been processed that weekend (we pay all bills on Sat. or Sun. when everyone assumes we are closed - no interruptions).

Please accept the enclosed check for full payment. We feel the Post Office erred in the delivery.

Thank you.

Raymond A. Desrochers, Pres.

Encl.