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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 01 1998 8:00am

Secretary of State

234-821-0928

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 849852

(9)

SHANNON, STROBEL & WEAVER CONSTRUCTORS & ENGINEE RS. INC.

Principal Place of Business Mailing Address 753 E. GLENN AVE. 753 E. GLENN AVE. P O BOX 1088 P O BOX 1088 AUBURN AL 36830 AUBURN AL 36830 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-0808380 21 26 Not Applicable 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 Added to Fees Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intaggible Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 65 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 the if applicable [NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE SHANNON, MICHAEL V NAME 1.2 NAME 220 CARY DRIVE STREET ADDRESS 1.3 STREET ADDRESS AUBURN AL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WEAVER, CHARLES H NAME 2.2 NAME P.O. BOX 1301 - 267 KHIL Crest STREET ADDRESS 2.3 STREET ADDRESS AUBURN AL AL 36830 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE STROBEL, DAVID L 3.2 NAME NAME 2295 LONGWOOD DRIVE STREET ADDRESS 3.3 STREET ADDRESS AUBURN AL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 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 in Block 12 or Block 13 if changed, or on an attachment with an address. 312198 SIGNATURE: