## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed,

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP -8 AM 10: 46 DOCUMENT # F57023 (6)SLUIS TARY OF STATE TALLAHASSEE FLORIDA A S R CONSTRUCTION, INC. Principal Place of Business Mailing Address 366 145 AVE. 366 145 AVE. MADEIRA BCH. FL 33708 MADEIRA BCH. FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1981 /4. FEI Number 10/07/1996 Applied For 59-2144196 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name RICHARDS-MCCLAIN, SUSAN **366 145TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) MADEIRA BCH. FL 33708 83 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, typod or printed name of registered agont and tilloid applicable (NOT) Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.1 TITLE TITLE PD MCCLAIN, KENNETH W 1.2 NAME NAME STREET ADDRESS 366 145TH AVENUE 1.3 STREET ADDRESS MADERIA BEACH FL 33708 CITY-ST-ZIP 1.4 CHTY - ST - ZIP Addition DELETE \_\_\_ Change TITLE 2.1 TITLE NAME RICHARDS-MCCLAIN, SUSAN 366 145TH AVE 2.3 STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 2. 4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 000002288970--3 NAME 3.2 NAME -09/10/97--01040--017 STREET ADDRESS 3.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 1(TLF TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1ITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and afficultie and that my signature shall have the same legal effect as if made under oath; that d to execute this report as required by Chapter 607, Florida Statules; and that my name 14. I do hereby certify that the information supplied with this filing for information indicated on this annual report or supplemental annual report or supp



6880 46th AVE. N., ST. PETERSBURG, FLORIDA 33709

(813)541-3555 FAX(813)545-2280

September 2, 1997

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, Fl. 32314

To the Processor;

Enclosed is the annual report for our corporation along with a check for \$165.00. This is the first notice we've received this year for filling. The first notice never arrived for whatever reason, perhaps because all of our business mall is being forwarded to us by the Post Office.

I called your office and the lady answering the phone suggested I write to you regarding this and send you a check for the original filing fee amount.

We would greatly appreciate it if you would accept our check and report.

Susan Richards-McClain

V.P.

Sincerely