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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69400 RAY SPEARS CONSTRUCTION, INC.

(2)

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 326 \$ DILLARD \$T 326 \$ DILLARD \$T WINTER GARDEN FL 34787 WINTER GARDEN FL 34787				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1982
	Place of Business FORE ST HAYEN Dr. W. etc.	2a. Mailing Address 26	T MAVEN D	4. FEI Number Applied For 59-2263994 Not Applied 5. Certificate of Status Desired \$8.75 Additional
City & Stat 23 W/N7	ER GARDEN FI		ROEN, FI	Fee Required 8. Election Campaign Financing Trust Fund Contribution Fee Required \$5.00 May Be Added to Fees
Zip 24 3 47	EARS, BETTY H		Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent
325 WIN	S HIGHLAND AVENUE ITER GARDEN FL 32787 to the provisions of Sections 607,0502	t Florida. Such change was at	83 84 City s, the above-named outhorized by the corp	Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) A Bo FOREST HAVEN INTER GARDEN FL Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	: Registered Agent signature r	required whon reinstating) DATÉ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	DP SPEARS, RAY 326 S DILLARD ST WINTER GARDEN, FL 00000	☐ DELETE		Change Addit 460 FOREST HAVEN Dr WINTER GARDEN, FI 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS	10	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addili
TITLE NAME STREET ADDRESS CITY ST. ZIP	1	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	☐ Change ☐ Additi
indicated (on this annual report or supplemental a	annual report is true and accur	rate and that my sign.	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in