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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
SUDLOW CONSTRUCT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # F72599 (Introduction Name

(6)

SUDLOW CONSTRUCTION CORPORATION

FILED Mar 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 48 GREENTREE ST. 48 GREENTREE ST. P.O. BOX 5 P.O. BOX 5 DO NOT WRITE IN THIS SPACE HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447 3. Date Incorporated or Qualified 03/18/1982 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 21 26 59-2262992 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 6. This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. Yes Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SUDLOW, JAMES T. 48 GREENTREE ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOMOSASSA FL 34446 83 84 City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SUDLOW, JAMES T NAME 1.2 NAME 48 GREENTREE ST. STREET ADDRESS 1.3 STREET ADDRESS HOMOSASSA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **SUDLOW, SAMMIE K** NAME 2.2 NAME 48 GREENTREE ST. STREET ADDRESS 2.3 STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

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