## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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Aug 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # F74344 (5)COLEAN CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 10850 SOUTH U.S. #1 10850 SOUTH U.S. #1 PT ST LUCIE FL 34952-6418 PT ST LUCIE FL 34952-6418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1982 04/29/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2185261 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 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 COLEAN, DALE V. 26300 SOUTH U.S. #1 82 Streel Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 33452 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE COLEAN, WILLIAM B. NAME 1.2 NAME 10850 SOUTH U.S. 1 STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 14 CITY-ST-7IP TITLE DELETE 2.1 TITLE Change Addition NAME COLEAN, DALE V. 2.2 NAME 10850 SOUTH U.S. 1 STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE 00000 FL CITY-ST-ZIP 2.4 CITY-S1-ZIP \_\_\_ DELETE ☐ Change Addition 3.1 TITUE TITLE COLEAN, MARLENE 3.2 NAME NAME 10850 SOUTH U.S. 1 STREET ADDRESS 3.3 STREET ADDRESS PORT ST. LUCIE 00000 FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELE1E Change Addition | TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 5.1 JULE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do 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 eath; 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.

MARIENE CHEAN

FILED

8-15-97

561.335-1364