SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED

98 OCT 19 AHID: 24

1. Corporation Name 1 193000004202 (2)								SECRETARY TALLAHASSE	CONTRACTOR	<del></del> -
PETE VICARI GENERAL CONTRACTOR, INC.								TALLAHASSE	Ur SIA	IE.
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1900 DESTREHAN AVENUE 1900 DESTREHAN AVENUE										
HARVEY LA 70058 HARVEY LA 70058										
								DO NOT WR		SPACE
							-	3. Date Incorporated or Qualified	d	
								09/20/1993		
2. Principal Place of Business			<u> </u>	2a. Mailing Address				4. FEI Number		Applied For
21			26					72-0914168		Not Applicable \$8.75 Additional
Suite, Apt. #, etc.			— — ·	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Required
City & State				27   City & State			···	Election Campaign Financing		
23	•		28	<b>—</b>				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	-	Country		Zip		Country		8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due Ju		∐Yes ∐No
12-4	9. Name		urrent Registered	Agent	<del>! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! </del>		1	0. Name and Address of New	Registered	Agent
PALI	METTO GE	NERAL CHARTER	SERVICES, INC.		81	Name				
	MAGNOLIA		•		82	Street	Address	P.O. Box Number is Not Accent	table)	
BAYTONA BEACH FL 32115-2491					02	82 Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84	City				85 Zip Code
						1			FL	
11. Pursuant	to the provis	sions of sections 60	7.0502 and 607.1508	3, Florida Statute	es, the above	-named c	corporation	n submits this statement for the p	ourpose of chent the appoi	nanging its registered introduced
Office Of	redizieren ai	gent, or bour, in the	State of Florida, Suc	MI MIGHING MODE						
agent. I a	am tamiliar v	vith, and accept the	obligations of, section	on 607.0505, Fl	orida Statute	s.				
agent. I a								board of directors. I hereby acce	-	
SIGNATURE .		or printed name of register	red agent and title if applicab	ole. (N	OTE: Registered A			vhen reinstating)	DATE	
SIGNATURE		or printed name of register		ole. (N	OTE: Registered /				DATE	ND DIRECTORS IN 12
SIGNATURE	Signature, typed	or printed name of register OFFICER	red agent and title if applicab	ole. (N	OTE: Registered A			vhen reinstating)	DATE	
SIGNATURE .  12.  TITLE  NAME	Signature, typed P VICARI, F	or printed name of register OFFICER	rad agent and title If applicab RS AND DIRECTOR:	ole. (N	OTE: Registered A  13.  1.1 TITLE  1.2 NAME	igent signatu		vhen reinstating)	DATE	ND DIRECTORS IN 12
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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.

(504) 347-1196