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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # F9300005052 (6)

SOUTHERN BLEACHER CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
POST OFFICE 1 GRAHAM TX 76450	POST OFFICE 1 GRAHAM TX 76450
2. Principat Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26 State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1993 4. FEI Number Applied For 75-2050107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 ☐ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOMBROIA, THOMAS R 10935 SW 105 AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176 B3** City Zip Code 85 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 appreable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DCP DELETE Addition TITLE 1.1 TITLE Change PETTUS, JOANN NAME 1.2 NAME **3400 GRAFORD HWY** STREET ADDRESS 1.3 STREET ADDRESS **GRAHAM TX** CITY-ST-ZIP 1.4 City - St - ZiP DELETE Change Addition TITLE 21 TITLE PETTUS, SHERRILL 2.2 NAME 3400 GRAFORD HWY STREET ADDRESS 2.3 STREET ADDRESS **GRAHAM TX** CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 31 TOLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 supplier could 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 of the review 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, by on all attrictment with amy ddress.

FILED

Apr 15 1998 8:00am

Secretary of State