

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005810 (7)**

1. Corporation Name  
**S.W. FRANKS CONSTRUCTION CO.**



Principal Place of Business <b>2070 WEST 3RD STREET CLEVELAND OH 44113</b>	Mailing Address <b>2070 WEST 3RD STREET CLEVELAND OH 44113</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified <b>12/22/1993</b>	
25		30		4. FEI Number <b>34-1357922</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKS, PAUL S</b>	1.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	<b>3892 SAVOY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRVIEW PARK OH</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKS, STANLEY W</b>	2.2 NAME	
STREET ADDRESS	<b>22576 PEACHTREE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKY RIVER OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIEFFER, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>5057 GREENHURST DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAPLE HTS OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASKO, RON</b>	4.2 NAME	
STREET ADDRESS	<b>2070 WEST 3RD STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRENKLE, KENNETH C</b>	5.2 NAME	
STREET ADDRESS	<b>15943 KINGWOOD CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRONGVILLE OH</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*[Signature]* KATHY S. SAMPSON CH/10/198 (34) 258-0080

CR2E034 (10/97)

## OFFICER LISTING

NAME	ADDRESS	TITLE
REED SEATON	701 LEANDER DR. LEANDER, TX 78641	PRESIDENT
GUY MINETTI	701 LEANDER DR. LEANDER, TX 78641	VICE-PRESIDENT&SECRETARY
BILL SORENSON	701 LEANDER DR. LEANDER, TX 78641	VICE-PRESIDENT&ASST. SECRETARY
KATHY SCANLON	701 LEANDER DR. LEANDER, TX 78641	TREASURER