


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000954 (5) 1. Corporation Name STEADMAN CONTRACTING SERVICES, INC.					
Principal Place of Business 1019 DE LA POINTE GAUTIER MS 39553			Mailing Address 1019 DE LA POINTE GAUTIER MS 39553		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1996	
21. Suite, Apt #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 64-0841274	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COBB, DONALD R 1519 MARINER'S CIR. GULF BREEZE FL 32561			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
			FL		
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 _____ NAME PSDC STREET ADDRESS STEADMAN, J W JR CITY-ST-ZIP 1108 LUCAS ST. GAUTIER MS 39553 <input type="checkbox"/> DELETE			1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME VD STREET ADDRESS STEADMAN, YVONNE W CITY-ST-ZIP 1108 LUCAS ST. GAUTIER MS 39553 <input type="checkbox"/> DELETE			2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *J. Webb Steadman Jr. President*
SIGNATURE REQUIRED

01/12/98

228-497-6171

CR2E034 (10/97)