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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F9700006222 (0)**

B.T.B. CONSTRUCTION COMPANY, INC.

Principal Place of Business Malling Address					a todatan rith thist source Balat dutt natit Balit mitta tiat a tibté tint ten:	
116 COACHMANS RD. MADISON MS 39110		116 COACHMANS RD. MADISON MS 39110			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 11/24/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				64-0813920	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	}		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ıntry	8. This corporation owes or has paid the	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	rent Registered Agent		I .	10. Name and Address of New Register	red Agent
SI	BLEY, ROBERT R			81 Name		
1245 TECUMSEH CT. PENSACOLA FL 32514				82 Street Address (P.O. Box Number is Not Acceptable)		
				5treel Address (P.O. Box Number is Not Acceptable)		
				83		···
						· · · · · · · · · · · · · · · · · · ·
				84 City		FL 85 Zip Code
11. Pursuant office or agent. I	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607.1508, Florida Sta ate of Florida. Such change wa digations of, Section 607.0505,	itutes, the a as authorize Florida Sta	bove-riamed cor d by the corpora tutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			d Agent signature requ		
12.	1 CPS	AND DIRECTORS DELETE	13.	7.5	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	WHITE, JUDY C	C) officie	1.17			T cusude T vondo
NAME	440 COACHILLANC DD		1.2 N			
STREET ADDRESS	MADISON MS 39110			TREET ADDRESS		
CITY-ST-ZIP	MADISON MS 39110	D DOLETE		ITY-ST-ZIP		The state of the s
TITLE	1	☐ DELETE	2.1 %	1		☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE	ł	☐ DELETE	3.1 T	TLE	•	☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		

64CITY-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 suppliemental 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 chapted, or on an attachment with an address.

3.4. CITY - ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE: (A) di PULLATA TUNG PINIHATA 1,8198 601-846-4484

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 21 1998 8:00am

Secretary of State