	, <del></del>				-		
O u	TER PROFIT	CORPORATIONS REPORT	ON (UBR)		říř <del>F</del> h		
DOCH					FILED		
1. Entity Nan	MENT # Construction	7.		03 H	03 HAY -2 AM 7: 55		
	6 1 L	,		SEC	SECRETATION OF STATE TALLAMASSES FLORIDA		
		and the contract of the contra	The Mark States	TALL.	AHARRE FLORIDA		
	DO NOT WRITE	E IN THIS SI	PACE			•	
Principal Place of Business     3. Mailing Address			<u> Palak karangan kan Maraja Mara</u>	5			
		1927 Rogero Rd.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Ì	DO NOT WRITE IN THIS SPACE		
City & Stat		_City & State Jackson ville, FL		4. FEI Nur		Applied For	
Jockson Zip	Country	Zip		<u>5 9</u> .	· 2239363	Not Applicable	
3,22		3221	Country US 9	5. Certifica	ate of Status Desired	\$8.75 Additional Fee Required	
7.	na a santala de a suprimero en la mara pero regionario en la		None	7. Name an	d Address of Current Registe	red Agent	
Name Lee Mercier							
Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE							
n de serviciones de la companya del companya del companya de la co	and the second s					7io Codo	
e Banan yang planet ya sa		And the Control of State of St		<u>ikson ui</u>		L Zip Code 32202	
	e named entity submits this statement fi tions of registered agent.	or the purpose of changing its	s registered office or reg	gistered agent, or l	both, in the State of Florida. I a	m familiar with, and accept	
are obliga	tong of rogistores again.						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (APOT	E: Registered Agent signature re	Aguired what reinstating	DAT		
Ja	nuary 1 - May 1 Fee Is \$150.00	g and ride in applicative. (NOT	E. Registered Agent signature in	equired when reinstating)	DAI		
After May 1, Fee is \$550.00 Amended UBR is \$61.25					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	Payable to Florida Department of	of State			Trust Fund Continuation.	Added to Fees	
10.	OFFICERS AND	DIRECTORS		1971 W THE	To the many the second	A COMPANIE OF THE SECOND	
TITLE NAME	President Cleom. Hoyle		NAME		?00019843	147	
STREET ADDRESS	7534 Altus Dr. S	<b>.</b>	STREET ADDRESS	05/	13/0301061010	i **61,25	
CITY-ST-ZIP	Jacksonville, F	ر 322 7 J	CITY-ST-ZIP	ar was said the said of			
TITLE	vice President		mu .				
NAME STREET ADDRESS	Henry E. Hoyle	,2r	NAME			The state of the s	
CITY-ST-ZIP	7534 A'Itus Dr's Jacksonville, F	6 32277	STREET ADDRESS CITY-ST-ZIP		The same of the sa	a proprieta de la companya de la co	
TITLE	Secretary Trea	surer	TITLE		and the second of the second o		
NAME	To ale DANGESOT	•	NAME	All Strategies and American			
STREET ADDRESS CITY-ST-ZIP	ADDRESS 1625 ATTUS Dr. 3.		STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE			
TITLE	SOCIEDIT OFFICE	<u> </u>	TITLE	<u> </u>	Assertation of the Control of the Co		
NAME			NAME	al behavior of section	N THIS SPA	ICE - The second of the second	
STREET ADDRESS			STREET ADDRESS	Ÿ.	A STATE OF THE STA		
CITY-ST-ZIP			CITY-ST-ZIP	96. 30 · 4. · · · · · · · · · · · · · · · · · · ·	and Care and		
TITLE NAME			TITLE NAME	SAME (	er journey resource to a first all selections	EL TOTAL BOOK SELECTION SE	

12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 Date (904)745-0020

Daytime Phone #

CR2E034B (12/02)