**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 OO. May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morti Secretary of State **ANNUAL REPORT** Secretary of Sta DIVISION OF CORPOR IONS 1998 DOCUMENT # (7) G15942 BERRY CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 3351 DREW ST. P.O. BOX 5614 JACKSONVILLE FL 32247 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2256240 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Cot This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERRY, MORRIS E JR., 8937 SAN RAE RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 84 Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typod or printed name of regulared agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Addition DELETE Change TITLE 1.1 **Be**rry, Morris e, Jr NAME 1.2 **89**37 SAN RAE RD. STREET ADDRESS REET ADDRESS JACKSONVILLE FL CITY-ST-ZIP Y-S1-ZIP DELETE Change Addition 2.1 TITLE BERRY, LOU NELL NAME 2.2 ME 1504 BROOKWOOD ROAD STREET ADDRESS 2.3 S REET ADDRESS JACKSONVILLE FL CITY-ST-ZIP ITY-ST-ZIP DELETE Addition Change TITLE BERRY, DIANE L NAME 3.2 NAME 8937 SAN RAE RD. STREET ADDRESS 3.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TifLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-SY-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP