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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G20864

(6)

FINK CONSTRUCTION CO., INC.

## FILED Apr 02 1998 8:00am Secretary of State



Principal Plac									
•	ce of Business	Mailing Address							
233 CUMBERLAND AVE. ORMOND BEACH FL 32174 US		P O BOX 5148	% JAMES B FINK P O BOX 5148 ORMOND BEACH FL 32175			DO NOT WRITE IN THIS SPACE			
		US				<ol> <li>Date Incorporated or Qualified 01/28/1983</li> </ol>			
2. Principal Place of Business 21		2a. Mailing Addres	2a. Mailing Address 26			4, FEI Number 59-2254106		pplied For lot Applicable	
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Ζιρ	C	ountry		8. This corporation owes or has paid the	current year Ir		
24	25	29	30			Personal Property Tax due June 30.		No	
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Register	ed Agent		
Fi	NK, JAMES B.			B1	Name				
P. O. BOX 5148 ORMOND BEACH FL 32175			62		Street Add	Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City	F	:	Code	
office or	registered agent, or both, in the St	ate of Florida, Such change	e was authori. Ens. Elocido S	zea by totutos	tne corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	аррошинен а	s registered	
agent. I SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE Regist	ored Age		uired when reinstating) DAT	Ē.	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered		(NOTE Regist	ored Age			Ē.		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE Regist	ered Age		uired when reinstating) DAT	E AND DIRECTO		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered OFFICERS  DPT FINK JAMES B	agent and title if applicable AND DIRECTORS	(NOTE Regist  1: ETE 1.	ored Age 3. 1 TITLE 2 NAME		uired when reinstating) DAT	E AND DIRECTO		
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4. 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: 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 changed, or on an attachment with an address.

SIGNATURE: JAM

JAMES B. FINK, PRESIDENT

3/28/98

(904) 677-0744