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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # H02969

(4)

BREWER CONSTRUCTION COMPANY

, C

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 1719 P.O. BOX 1719 MARION IL 62959 MARION IL 62959 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2403409 21 26 Not Applicable Suite, Aut. #, 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 28 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHRISTIAN, GARY I. 81 3100 UNIVERSITY BLVD. S. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 JACKSONVILLE FL 32216 83 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition 1.1 TITLE BREWER, ROBERT N. NAME 1.2 NAME CR2E034 R. R. L#4, BOX 4878 STREET ADDRESS 1.3 STREET ADDRESS MARION IL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TIT? F 2 1 TITLE Channe Addition MONCHINO, MICHAEL NAME 2.2 NAME 1205 SKYLINE DR. STREET ADDRESS 2.3 STREET ADDRESS MARION, IL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DELANY, MARIE NAME 1205 SKYLINE DR. STREET ADDRESS 3.3 STREET ADDRESS MARION, IL CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Change Addition TITLE 4.1 TITLE SMITH, HAROLD NAME 4, 2 NAME 1205 SKYLINE DR. STREET ADDRESS 4.3 STREET ADDRESS MARION IL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change ___ Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the Information supplied with this filling 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. If or an attachment with an address.

SIGNATURE:

A SHATURKARED MIPET

1/8/98

(618/997-5454