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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # H04318 EY CONSTRUCTION COMPA	` '				
Principal Place of Business Mailing Address				I IERIBA DIN DOM RINDO ANDO ARION NAN DIBIL DIBIL DAD	# 810 #1 8 #014 0 014 1004	
2012 LISENE SUITE B		P.O. BOX 1427 LYNN HAVEN FL 32444		DO NOT HIDITE IN THIS SDA	OF.	
PANAMA CIT US	TY FL 32401	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00				05/21/1984		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2407473	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & Stat	le	City & State		& Flortion Compaign Floraging		
23		28			\$5.00 May Be Added to Fees	
Zip	Country	Zιp	Country	8. This corporation owes or has paid the current		
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 Age	nt	
	ANKS, DON		B1 Name	0		
434 MAGNOLIA AVE			82 Stree	et Address (P.O. Box Number is Not Acceptable)		
P/	ANAMA CITY FL 32401		83			
			[83]			
			84 City	FL ⁸¹	Zip Code	
office or r agent. I a SIGNATURE	to the provisions of Sections 607, USU2 registered agent, or both, in the State of maillar with, and accept the obligation of the state			d corporation submits this statement for the purpose of charporation's board of directors. I hereby accept the appointr	inging its registered nent as registered	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE	P	☐ DELETE	1.1 TITLE	Same	Change	
NAME	LUMLEY, THOMAS H.		1.2 NAME	wasa Basi da was		
STREET ADDRESS	2207 WINDJAMMER DRIVE		1.3 STREET ADDRESS	Panama City, Fl 32	ادما	
CITY-ST-ZIP	LYNN HAVEN FL	Dritte	1.4 CITY - ST - ZIP	Panama Cidy, Fl 32	Change Addition	
TITLE		☐ DELETE	2.1 TITLE		Change	
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 31 TITLE		Change Addition	
NAME			3.2 NAME		-	
STREET ADDRESS			3.3 STREET ADDRESS	:		
CITY-ST-ZIP			3.4. CITY-ST-7IP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	Change	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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.

6.4 CITY - ST-ZIP

Feb 11 1998 8:00am

Secretary of State