FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) SPOLSKI GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 2805 CARRIER AVENUE 2805 CARRIER AVENUE SANFORD FL 32773 SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2543257 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zin Country Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPOLSKI, KEVIN J 2805 CARRIER AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SANFORD FL 32773 83 City 84 85 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. 🔲 DELETE TITLE 1.1 TITLE SPOLSKI, KEVIN J. 1.2 NAME NAME 3850 SIPES AVE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE TITLE SPOLSKI, KEVIN J. 2.2 NAME NAME

Apr 13 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No 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 bolt, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Change Addition 3850 SIPES AVE 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 supplicmental 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 dynamic as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true and accurofficer or director of the corporation or the receiver or trustee empowered to by Block 12 or Block 13 if changed, in our attackment with an address.