FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)H60429 T. E. C. CONSTRUCTION, INC. Principal Place of Business Mailing Address 5511 DOUT TAYLOR CIRCLE 10580 HABITAT TRAIL ST JAMES CITY FL 33956 **BOKEELIA FL 33922** 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 Applied For Itabiral Thail 26 10580 5511 Doogh Va 59-2577832 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired St. Sama Rotree Fee Required ty & State \$5.00 May Be 6. Election Campaign Financing el Fla Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 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 81 Name ERWIN, TIMOTHY C. 10580 HABITAT TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) BOKEELIA FL 33922 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of, Section 607.0565, Florida Statutes. Registered Agent signature required when reinstating) SIGNATURE CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME ERWIN, TIMOTHY C. 1.2 NAME STREET ADDRESS 10580 HABITAT TRAIL 1.3 STREET ADDRESS **BOKEELIA FL** CITY-ST-ZIP 14 C/TY-ST-7/P DELETE Change Addition TITLE 2.1 TITLE **ERWIN. JUANITA** NAME 2.7 NAME 10580 HABITAT TRAIL STREET ADDRESS 2.3 STREET ADDRESS **BOKEELIA FL** CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **ERWIN, GREGORY** NAME 3.2 NAME 905 SE 24 AVENUE STREET ADDRESS 3.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_ DELETE Addition Change TITLE 6.1 HILE

6.2 NAME

6.3 STREET ADDRESS

rasi

15/99 2832267

6.4 CITY-S1-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 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

NAME STREET ADDRESS

CITY-ST-ZIP