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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

H63567

(2)

T-N-T C	CONSTRUCTION COMPANY	OF OKEECHOBEE INC	•	
Principal Place 425 W.S. PAR OKEECHOBEE US	K \$T.	Mailing Address PO BOX 2009 OKEECHOBEE FL 34973		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 06/25/1985
	ace of Business 5. W. 5 AVC.	2a. Mailing Address		4. FEI Number Applied For 59-2559073 Not Applied
Suite, Apt.		Suite, Apl. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Reguired
City & State	bobee, FL	Cily & State		6. Election Campaign Financing \$5.00 May Be
Zip 24 3497	Country	Z(p	Country	8. This corporation owes or has paid the current year Intangible
24 3477	9. Name and Address of Current		<u>uj</u>	Personal Property Tax due June 30. 21 Yes 1 No 10. Name and Address of New Registered Agent
214	DENDLE, MARK STEPHEN 16 \$ W 37TH AVENUE EECHOBEE FL 34974		82 Street 7	t Address (P.O. Box Number is Not Acceptable)
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	and 607,1508, Florida Statutes If forida Such change was aul ons of, Section 607,0505, Flori	. the above-named	**Rechbee*** FL 85 Zip Code 34971/d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the Lappicable (NOTE: I	Registered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	TROENDLE, MARK STEPHEN	DELETE	1.1 TITLE 1.2 NAME	Troender, mark Stephen
STREET ADDRESS	2146 SW 37 AVE 34973 OKEECHOBEE FL		1.3 STREET ADDRESS	799 5. W. 85 Ave.
CITY-ST-ZIP	OKCEOHOBEE FL	DELETE	1.4 CITY-ST-ZIP	Okrechobee, FL 34974
TITLE		C Octob	2.1 TITLE 2.2 NAME	Charge Cl voni
NAME STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETÉ	2. 4 City - St - ZIP 3.1 THILE	Change Additi
NAME		L Dettie	3.2 NAME	C Onango C Austri
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-7IP	
TITLE		DELETE	4.1 HTLE	Change Addit
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Additi
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 C(TY+S1+Z(P	Change Additi
TITLE		L_] ULLETE	6.1 TITLE	L. Change L. Account
NAME ATTREET APPROAG			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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 trusted emplowered 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.