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Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H72617

(4)

1. Corporation Name
ELLIOT CONTRACTING, INC.

Principal Place of Business

5159 APTAKISTIC RD
LONG GROVE IL 60047
US

Mailing Address

5159 APTAKISTIC RD
LONG GROVE IL 60047
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1985

4. FEI Number

36-3578617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1074 CORMAR DR
Suite, Apt. #, etc

22 City & State
23 LAKE ZURICH IL

24 Zip 60047 25 Country US

2a. Mailing Address

26 1074 CORMAR DR.
Suite, Apt. #, etc.

27 City & State
28 LAKE ZURICH IL.

29 Zip 60047 30 Country US

9. Name and Address of Current Registered Agent

ELLIOT, DAVID J.
158 GOLDEN GATE PT
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ELLIOT, DAVID J.
STREET ADDRESS 5159 W APTAKISTIC RD
CITY-ST-ZIP LONG GROVE IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ELLIOT, DAVID J.
1.3 STREET ADDRESS 1074 CORMAR DR.
1.4 CITY-ST-ZIP LAKE ZURICH IL.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: David Elliot PRESIDENT D. DAVID ELLIOT

4-1-98

CR2E034 (10/97)