## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H73379 MPG CONSTRUCTION, INC.

(0)

**FILED** Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12521 DORWAYNE 12521 DORWAYNE HOUSTON TX 77015 HOUSTON TX 77015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1985 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-2564575 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE \_\_ Change \_\_\_ Addition TITLE 1.1 TITLE CHRYSAKIS, CHRIS NAME 1.2 NAME CR2E034 1411 GARDEN AVE. STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_\_ Addition CHRYSAKIS, EMMANWEI NAME 2.2 NAME 1411 GARDEN AVE STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL CITY - ST - ZIP 2. 4 CITY - ST-ZIF DELETE TITLE 3.1 TITLE Change Addition CHRYSAKIS, PHIL NAME 3.2 NAME 1411 GARDEN STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ed with this filing does not adalify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information ental anyonal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receiver or trustee errotowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the re Block 12 or Block 13 if changed, over an aj

SIGNATURE:

REQUIRED

1-26-98

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