

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J69098** (8)  
1. Corporation Name  
**SERETTA CONSTRUCTION, INC.**

Principal Place of Business  
**3000 MERCY DRIVE  
ORLANDO FL 32808**

Mailing Address  
**3000 MERCY DRIVE  
ORLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>2604 Clark Street</b>	26 <b>2604 Clark Street</b>			<b>04/20/1987</b>	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number		Applied For	
22	27	<b>59-2806467</b>		<input type="checkbox"/> Not Applicable	
23 City & State	28 City & State	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Apopka, FL</b>	28 <b>Apopka, FL</b>	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
24 <b>32703</b>	25 <b>USA</b>	29 <b>32703</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MCPHERSON, RICHARD J. 3000 MERCY DRIVE ORLANDO FL 32808</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		<b>2604 CLARK STREET</b>	
		83	
		84 City	
		<b>Apopka</b>	
		FL	
		85 Zip Code	
		<b>32703</b>	

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 *Richard J. McPherson* **Richard J. McPherson President** **2/26/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STD</b>	1.2 NAME	
STREET ADDRESS	<b>MCPHERSON, MONSE D.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>629 E. CLUB CIRCLE LONGWOOD FL</b>	1.4 CITY-ST-ZIP	<b>32779</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD</b>	2.2 NAME	
STREET ADDRESS	<b>MCPHERSON, ANDREW S.</b>	2.3 STREET ADDRESS	<b>405 VISTA OAK DRIVE</b>
CITY-ST-ZIP	<b>121 E. KINGS WAY WINTER PARK FL</b>	2.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD</b>	3.2 NAME	
STREET ADDRESS	<b>MCPHERSON, RICHARD J.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>629 E. CLUB CIRCLE LONGWOOD FL</b>	3.4 CITY-ST-ZIP	<b>32779</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address

SIGNATURE: *Andrew S. McPherson* **Andrew S. McPherson** **2/26/98** **407-290-9440**

CR2E034 (10/97)