**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name K10736 TONY PINARD CONSTRUCTION, INC. Principal Place of Business Mailing Address 502 N. NOEL CT. 502 N. NOEL CT. CHULUOTA FL 32706 CHULUOTA FL 32766 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1988 2. Principal Place of Business 2a. Mailing Address Applied For 59-2881367 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 24 25 ☐ Yes 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINARD, TONY **502 N NOEL CT** Street Address (P.O. Box Number is Not Acceptable) CHULUOTA FL 32766 83 84 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 recept the objections of Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PDS DELETE TITLE Vice - Pres Change 1.1 TITLE Addition Steve Hofmann PINARD, TONY NAME 1.2 NAME **502 N NOEL CT** 1466 Brinsham Loup STREET ADDRESS 1.3 STREET ADDRESS CHULUOTA FL CITY-ST-ZIP 14 CUY-ST-7/P Genera FL. 32732 TITLE DELETE 21 TITLE Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DFLETE TITLE 5.1 TITLE ■ Addition NAME 5.2 NAME

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 fruction empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an an unching fit with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

4/11/20 (1001.16

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME