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

FILED **PROFIT** Mar 25 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K17175 (6)ART GARCIA BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address 2855 OCEAN DRIVE P O BOX 3613 P O BOX 3613 SUITE C5 VERO BEACH FL 32963 VERO BEACH FL 32964 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1988 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For P.O. BOX 4254 21 65-0032044 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Bruch Fl-23 Trust Fund Contribution Added to Fees Vero Zip Country 8. This corporation owes or has paid the current year Intangible 32960 In Dim Rive 24 Personal Property Tax due June 30. 29 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 GARCIA, ARTURO L. Name 640 18TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 85 Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Llorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes... office or registered agor agent. I am familiar with SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1 1 TITLE Change Addition GARCIA, ARTURO L. NAME 1.2 NAME 640 16TH STREET STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change ☐ Addition GARCIA, RUTH A. NAME 2.2 NAME 640 16TH STREET STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE Change TITLE 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 supplieriontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn an officer or director of the corporation or the receivey 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 attaction with an address. 14. I hereby

5.4 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

DELETE

Change

Addition