FILE NOW: FILING FEE AFTER MAY 1 IS $55[illegible]00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]m
Secretary of St[illegible]
DIVISION OF CORPOR[illegible]IONS

DOCUMENT # **K50014** **(5)**

1. Corporation Name
CLEVE'S CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% GROVER CLEVELAND CHESHIRE, III RT. 1, BOX 228 B-1 HILLIARD FL 32046	P.O. BOX 1787 CALLAHAN FL 32011-1787

2. Principal Place of Business	2a. Mailing Address
21 Grover Cleveland Cheshire III	26
Suite, Apt. #, etc. 22 7981 River Rd.	Suite, Apt. #, etc. 27
City & State 23 Callahan Fl.	City & State 28
Zip / Country 24 32011 / 25 Nassau	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 09/09/1996
4. FEI Number: 59-2925481 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHESHIRE, GROVER CLEVELAND, III
RT. 1, BOX 228 B-1
HILLIARD FL 32046

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 mailed or delivered) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	CHESHIRE, GROVER C., III		1.2 NAME	Grover C. Cheshire III	
STREET ADDRESS	RT. 1, BOX 228 B-1		1.3 STREET ADDRESS	7981 River Rd.	
CITY-ST-ZIP	HILLIARD FL		1.4 CITY-ST-ZIP	Callahan, Fl. 32011	
TITLE	S	☐ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	CHESHIRE, JANET HAYNES		2.2 NAME	Cheshire, Janet Haynes	
STREET ADDRESS	RT. 1, BOX 228 B-1		2.3 STREET ADDRESS	7981 River Rd.	
CITY-ST-ZIP	HILLIARD FL		2.4 CITY-ST-ZIP	Callahan, Fl. 32011	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 [signature] 5-1-97 904-879-4214