FILE NOW: FILING FEE AFTER MAY 1ST IS									.00	FIL	FILED		
		PROFIT	<u>.</u>		<u> </u>	FLORIDA DEPA	RTME	OF	STATE	Apr 09 19	98 8.0	00am	1
		PORATION				Sandra		n am te	1	_			L
		1998	וחכ	Ser.		Secreta DIVISION OF		RATIO	ONS	Secretar	y of S	tate	
<u></u>		MENT	# L	(67172		(2)				-	,		
1.	Corporation	i Name	•		-	(~)							
	CONTI	CONSTRU	JCHO	N COMPANY									
Principal Place of Business Mailing Address													
% John A. Conti 6800 Pine Forest RD Pensacola Fl. 32526-8803					% John A. Conti 6600 Pine Forest RD Pensacola Fl. 32526-8903					DO NOT WRITE IN	THIS SPACE		_
										 Date Incorporated or Qualified 02/06/1989 			
	Principal Pl	ace of Busin	oss		<u> </u>	failing Address				4. FEI Number 59-2933095	· · · · · ·	pplied For lot Applicable	-
	Suite, Apt.	#, etc.			26 S	Suite, Apt. #, etc.					\$8.75	Additional	1
22	City & State				27	City & State				6. Election Campaign Financing	\$5.00	equired May Be	1
23	Zip		Cou	Disy	28	Pip	ا ح	ountry	,	Trust Fund Contribution This corporation owes or has paid to		to Fees	-
24	Zip		25		29		30	-		Personal Property Tax due June 30	. 🔲 Yes _	No	_
-	COL	<u>9. Name</u> NTI, JOHN		dress of Current	Registe	red Agent		81	Name	10. Name and Address of New Yorks	teled Wall		1
	531	7 Bellevi	EW AVE					82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
	PEN	isacola i	-L 3252	6				63			, , , , , , , , , , , , , , , , , , , 		┨
l								84	City		FL 85 Zip	Code	┨
11.	. Pursuant t	to the provisi	ons of S	ections 607.0502	and 607	1508, Florida State	ites, the	abov	e-named corr	poration submits this statement for the purp tion's board of directors. I hereby accept to	oose of changing	its registered	┨
	office or re agent. I ar	egistered ag m familiar wi	ent, or b th, and a	oth, in the State accept the obliga	of Florida tions of, S	. Such change was Section 607.0505, F	authori Iorida S	atute	s.	ition's board of directors, I hereby accept ti	ne appointment a	s registered	
		Signature, typed	or printed r	ame of registered agei			TE: Regis	red Age	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE	DC IN 10	12
12.		D		OFFICERS AND	DIRECT	ORS DELETE	1.	TITLE	T	ADDITIONS OF ANGLES TO OF TOE	Change	Addition	Ę.
NAM	AE	CONTI,						NAME					절
	EET ADDRESS (-St-ZIP	5317 BE PENSAC						CITY-9	TADDRESS ST-ZIP				CR2E034 (10/97)
TITL		D				☐ DELETE	2	TITLE			Change	Addition	75
NAM	ď	CONTI, 5317 BE					2.	, NAME .STREET	ADDRESS				1
	EET ADORESS 7-ST-ZIP	PENSAC					,	CITY-					
TITL						DELETE	3.	TITLE			☐ Change	Addition]
NAV	1						3.	NAME STREET	ADDRESS				
1	EET ADDRESS Y-S1-ZIP						3.	1	ST-ZIP				
TITL			- "			☐ DELETE	4	TITLE			Change	Addition	7
NAN	I						4.	NAME	ADDRESS				
1	EET ADDRESS Y-ST-ZIP						1		ST-ZIP				
TITL						DELETE	5	TITLE			Change	Addition	7
HAA	·						5	NAME	LADDREAG				
i	EET ADDRESS						5		I ADDRESS ST-ZIP	•			
TITL	r-st-zip .Ē					DELETE	5	ITLE	-		☐ Change	Addition	1
NAA	AE						6	IAME					
	EET ADDRESS						Ð		T ADDRESS ST-ZIP				
_	r-st-zip I hereby c	certify that th	e inform	ation supplied wi	th this filir	ng does not qualify	for the	emo	otion stated in	Section 119.07(3)(i), Florida Statutes. I fur ure shall have the same legal effect as if m	ther certify that th	e information	1
ļ	officer or	director of th	ie corpo	l or supplementa ration or the rece ed, or og an attac	iver or tru	eport is true and ac ustee empowered to ith an address.	ourate execu	this	report as rec	quired by Chapter 607, Florida Statutes; an	d that my name a	ppears in	

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