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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K68499

(8)

A. AARON DALE RESIDENTIAL AND CASUALTY CONSTRUCT ION, INC.

Principal Place of Business Mailing Address

FILED May 14 1998 8:00am Secretary of State



4401 KETTLE CREEK CT TAMPA FL 33624		4401 KETTLE CREEK CT TAMPA FL 33624			DO NOT WRITE IN TH	IS SPAC	Ē		
						3. Date Incorporated or Qualified 02/21/1989		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Principal Pl	lace of Business	2a, Mailing Address	2a. Mailing Address			4. FEI Number		Aj	plied For
21		26				59-2958419		No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Žip 24	Country 25	71p	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curren	t Registered Agent		.1 .:		10. Name and Address of New Fiegisters	d Agen	t	
DALCHERONE, RAYMOND G.				1 N	ame				
	11 KETTLE CREEK CT MPA FL 33624		8		reet Addr	ress (P.O. Box Number is Not Acceptable)			
			8	3					
			8	4 C	ity		L 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 age.			gent sig	jnature requir	red when reinstating) DATE			
TITLE	OLFICERS AND	DELETE DELETE	13. 1.1 TOLE	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS A		ECTOP hange	Addition
NAME	DALCHERONE, RAYMOND G.	L. J OLLEN	1.2 NAMI				L	папус	
STREET ADDRESS	4401 KETTLE CREEK CT		1.3 STREET ADDRESS		BESS	•			
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE	VPD	DELLETE	2.1 TITLE					hange	Addition
NAME			2.2 NAMI						,
STREET ADDRESS	16406 ASHWOOD DRIVE	•	2.3 STRE	ET ADD	RESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	- ST - ZI	P				
TITLE	VPD DELETE							hange	Addition
NAME	KELLOGG, RICHARD C								
STREET ADDRESS	18305 OAKDALE RD		3.3 STRE	FT ADD	RESS				
CITY-ST-ZIP	<u>odessa fl</u>	· · · · · · · · · · · · · · · · · · ·	3.4. CITY		Р	· · · · · · · · · · · · · · · · · · ·			
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NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP		☐ DELETE	4.4 CiTY		<u>, </u>			hanas	Addition
TITLE		□ nttrit	5 1 TITLE					hange	Addition
NAME STREET ADDRESS			5.2 NAM!		oree				
CITY-ST-ZIP			5.3 STRE 5.4 City		1				
TITLE		DELETE	6.1 TITLE					hande	Addition
NAME			6.2 NAME				_ `		
STREET ADDRESS			6.3 STRE		RESS				
CITY-ST-ZIP			64 CITY						

14. Thereby 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 RAYMOND G. DALCHERONE