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

NAME

STREET ADDRESS

SIGNATURE:

CITY-S1-ZIP

FILED Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K80748 (2) VAN BROCK CONSTRUCTION COMPANY Principal Place of Business Mailing Address 150 N US HWY ONE % GARY VAN BROCK 12040 TIFFANY WAY DO NOT WRITE IN THIS SPACE **TEQUESTA FL 33469** TEQUESTA FL 33469 3. Date Incorporated or Qualified 04/17/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 150 N. U.S. HWY ONE 65-0118513 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 5 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FZ. Trust Fund Contribution Added to Fees 23 Country Country P. 15. This corporation owes or has paid the current year Intangible 33469 24 25 Personal Property Tax due June 30. ☐ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROCK, VAN G 150 N US HWY ONE, SUITE 5 82 Street Addr **TEQUESTA FL 33469** 63 TEQUESTA 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, possible, 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 possible countries of the corporation of the corpo SIGNATURE ed Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TIFLE **PSTD** 1.1 TITLE VAN BROCK, GARY 1.2 NAME NAME 150 N US HWY ONE SUITE 5 1.3 STREET ADORESS STREET ADDRESS **TEQUESTA FL 33469** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 JITLE TITLE NAME VAN BROCK, BRIAN 2.2 NAME 150 N US HWY ONE SUITE 5 STREET ADDRESS 2.3 STREET ADDRESS **TEQUESTA FL 33469** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP Change Addition DELÊTE TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

521-743-6760

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 of 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 no an attachment with an address.