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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

LUCKIN CONSTRUCTION, INC.

Principal Place of Business

241 ATLANTIC BLVD.

Mailing Address

SUITE #1 241 ATLANTIC BLVD.

FILED Mar 26 1998 8:00am Secretary of State



NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1989 2. Principal Place of Business 2a. Mailing Address 26 637 4. FEI Number Applied For 59-2958791 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State, 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intengible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLEARY, ANNE K. 404-2 VISTA LAGOON CT 62 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 83 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITL F DELETE Change 1.1 TITLE ___ Addition LUCKIN, RODMAN NAME 1.2 NAME 1231 NECK ROAD STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRE BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition USHER, ELIZABETH NAME 2.2 NAME 420 N. 7TH ST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 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 DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 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 required or trustee empawered 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 authorities accurate an officer or director of the corporation or the required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an authorities of the corporation of the corporati

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