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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2178 CHASE DR.

NICEVILLE FL 32578

Sulte, Apt. #, etc.

City & State

22

23

24

Zip

W WILLIAM T. GASKELL, JR.

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36457

Country

GASKELL, WILLIAM T., JR.

2178 CHASE DR.

NICEVILLE FL 32578

9. Name and Address of Current Registered Agent

(4)

Mailing Address

2178 CHASE DR.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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NICEVILLE FL 32578

GASKELL CONSTRUCTION, INC.

FILED Jan 20 1998 8:00am Secretary of State

Added to Fees

□Ño

Yes

DO NOT WRITE IN THIS SPACE						
3. Date Incorporated or Qualified 12/13/1989		•				
 4. FEI Number	***************************************	Applied For				
59-2982455		Not Applicable				
5. Certificate of Status Desired		\$8.75 Additional Fee Required				
6. Election Campaign Financing		\$5.00 May Be				

This corporation owes or has paid the current year Intangible

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

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 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.

Country

81

62

В3

Name

30

SIGNATURE								
	Signature, typed or printed name of registered agent and title if applica	bia. (NOTE: P		required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 12		
TITLE	P	DELETE	1.1 TITLE		☐ Change	Addition		
NAME	GASKELL, WILLIAM T JR.		1.2 NAME					
STREET ADDRESS	2173 CHASE DR.		1.3 STREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY - ST - ZiP					
TITLE		DELETE	2.1 TITLE		Change	☐ Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE		DELETE	3 1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-S1-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		☐ DELET E	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					
4. 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 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 chapted, or on an attachment with an address.								