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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51538 (1)
1. Corporation Name
STURDIVANT CONSTRUCTION COMPANY, INC.



Principal Place of Business
401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140

Mailing Address
401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/01/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2993867	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
29		30		8.75 Additional Fee Required	
29		30		8. Election Campaign Financing	
29		30		Trust Fund Contribution	
29		30		5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible	
29		30		Personal Property Tax due June 30.	
29		30		Yes No	

9. Name and Address of Current Registered Agent

STURDIVANT, THOMAS B
401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 Thomas B. Sturdivant Thomas B. Sturdivant 4/28/98
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STURDIVANT, THOMAS B	1.2 NAME	
STREET ADDRESS	401 W. HILLSBOROUGH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL 32140	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	STURDUANT, DEBRA	2.2 NAME	
STREET ADDRESS	401 W. HILLSBOROUGH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	2.4 CITY-ST-ZIP	
TITLE	Vice-Pres. Director	3.1 TITLE	Vice-Pres. Director
NAME		3.2 NAME	MARK C. Stephens
STREET ADDRESS		3.3 STREET ADDRESS	401 W. Hillsborough Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Florahome, FL 32140
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 on an attachment with an address.

SIGNATURE Thomas B. Sturdivant Thomas B. Sturdivant 4/28/98 904 1659-2889

CR2E034 (10/97)