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

CITY-ST-ZIP

SIGNATURE:

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)L87991 KUR-STAR CONSTRUCTION, INC. Principal Place of Business Mailing Address 8150 LONE STAR ROAD 8150 LONE STAR ROAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3013752 21 Not Applicable 26 Suito, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zui Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name KURTZ, JOHN 8150 LONE STAR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 84 City 85 Zip Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered be State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered ag agent. I am familiar wi SIGNATURE when reinstating) CRZE034 (10/97 RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PVST** DELETE Change Addition TITLE 1.1 TITLE KURTZ, VOHN 1.2 NAME NAME 8150 LONE STAR ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. Change Addition 2.1 TITLE TITLE KURTZ, JOHN 2.2 NAME NAME 8150 LONE STAR ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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

altachment with an address

FILED