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

May 01 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 # M29150 (3) **GIMROCK CONSTRUCTION INC.** Principal Place of Business Mailing Address **% PETER F. LUE** % PETER F. LUE 13915 NW 107TH AVE 13915 NW 107TH AVE HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE HIALEAH FL 33016 3. Date Incorporated or Qualified 03/19/1986 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2654858 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LUE, PETER F. 19315 NW 107TH AVE Street Address IP.O. Box Number is Not Acceptable AVE 82 HIALEAH FL 33016 City HIALENH GARDENS Zip Code 330\8 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 pointed name of registered agent and little if applicable (NOTE Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 11 TITLE TITLE KRULLER, DICK NAME 1.2 NAME 8839 S.W. 49TH STREET 11651 5.W. 124 STREET ADDRESS 1.3 STREET ADDRESS **3332**S COOPER CITY FL PLANTHTOU 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 THILE TITLE HUNT, LLOYD NAME 2.2 NAME 5437 N.W. 97 WAY 357 NW 101 AVE 2.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LUE, PETER F. 3.2 NAME HALF **5745 S.W. 97TH STREET** STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 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 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 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 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

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