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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M61983

(6)

C & T CONSTRUCTION, INC.

## **FILED** May 11 1998 8:00am Secretary of State

					{
Principal Plac		Mailing Address			
10100 W. SAI	MPLE RD.	P O BOX 934069			
SUITE 103	NGS FL 33065	MARGATE FL 33093 US		DO NOT WRITE IN THIS	<b>C</b> DACE
US	400 FE 00000	03		3. Date Incorporated or Qualified	OI AGE
				11/02/1987	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1074	44 NW 8CH	26		65-0035084	Not Applicable
Şulte. Apt.,		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5,00 May Be
23 (D) G		28		Trust Fund Contribution	Added to Fees
Zip 336	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 336		29	30		Yes INO
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	OMPSON, CHARLES F., III		81 Name		
	100 W. SAMPLE RD		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ITE 103		83	794 NW 8 C.F	
) 00	PRAL SPRINGS FL 33065		63		ı
			84 City	TRI SOTINGS FL	85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida State	utes the above-named o	corporation submits this statement for the purpose of	s 3307
office or r	registered agent, or both, in the State of	of Florida, Such change was	authorized by the corno	pration's board of directors. I hereby accept the ap	pointment as registered
agent. La	im tamiliar with, and accept the obliga	tions of, Section 607,0505, F		ONTE 4.27.	<b>P</b> &
SIGNATURE (	Charles of Thing	711	C F TAOIN DS	* / ·	
12.	Signature, typed or professioner of registered ages  OFFICERS AND		13.	equired when renstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/OFFICE TO OFFICE ALL	Change
NAME	THOMPSON, CHARLES F.,III		1.2 NAME		<b>12</b> /2
STREET ADDRESS	10100 W SAMPLE RD 103		1.3 STREET ADDRESS	10744 NW 8 CH	
	CORAL SPRINGS FL		1.4 CITY - ST - ZIP	Coral Sorings FL	33071
CITY-ST-ZIP	30172 0711110012	DELETE	2.1 TITLE	901 W1 301, 125, 12	Change Addition
NAME		Car section	2.2 NAME		C. Crango C. Frankon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 T/TLE		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		
	I				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition

62 NAME

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.

63 STREET ADDRESS 6.4 City - ST- ZIP