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

PROFIT, CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FITZGERALD CONTRACTORS, INC.

FILED May 05 1998 8:00am Secretary of State



	· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business Mailing Address				1 SOURDER TIE BESTE DE BOTT DE BESTE STORT BESTE		
2231 LANGLEY AVE. P O BOX 2204						
P.O. BOX 2204 PENSACOLA FL 32504-8148		PENSACOLA FL 32504-8148 US		DO NOT WRITE IN THIS	CDACE	
7 200000	16 023040140	00			3. Date Incorporated or Qualified	SPACE
					01/29/1988	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Ant # etc		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		h	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9, Name and Address of Cur	rent Registered Agent	1221	······································	10. Name and Address of New Registered	
FIT	ZGERALD, RON J.		81	Name		
2231 LANGLEY AVE.			62 Street Ad		dress (P.O. Box Number is Not Acceptable)	<u>-</u>
PENSACOLA FL 32505			83			
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abov	e-named co	rporation submits this statement for the purpose of	f changing its registered
agent. I a	m familiar with, and accept the ob	lie of Florida, Such change was ligations of, Section 607.0505, Fl	authorized by Iorida Statute	y the corpor s.	ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			eni signature req	juired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	
NAME :	FITZGERALD, RON J.	☐ DELETE	1.1 TITLE	İ		☐ Change ☐ Addition
STREET ADDRESS	2231 LANGLEY AVE.		1.2 NAME			
CITY-ST-ZIP	PENSACOLA FL		1.3 STREET			
TITLE			1.4 CITY-5 2.1 TITLE	1-ZIP		☐ Change ☐ Addition
NAME			2.2 NAME			Change Addition
STREET ADDRESS			2.3 STREET	Anneree		
CITY-ST-ZIP			2. 4 CiTY-	· I		
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			52 NAME	İ		
STREET ADDRESS			53 STREET	ADDRESS		
City - St - ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			Į
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T-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 supplimental 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: