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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69009

(2)

TREVATHAN CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address	
6817 HUGH DRIVE CALLAWAY FL 32404	6817 HUGH DRIVE CALLAWAY FL 32404	

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2873195 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TREVATHAN, JIMMIE O. 6817 HUGH DRIVE Street Address (P.O. Box Number is Not Acceptable) CALLAWAY FL 32404 83

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purbose 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 ar	m familiar with, and accept the obligations of	st, Section 607.0505, Fl	orida Statutes.		1	**	
SIGNATURE	Classes are the section of the secti	- if	E: Registered Agent signature requ	do al uda es policitado de	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOT 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE			S IN 12	
TITLE	DP	DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Change	Additio
NAME	TREVATHAN, JIMMIE O.		1.2 NAME				
STREET ADDRESS	6817 HUGH DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CALLAWAY FL		1.4 CITY-ST-ZIP				
TITLE	DST	DELETE	2.1 TITLE			Change	Additio
NAME	TREVATHAN, IRMGARD E.		2.2 NAME		·		
STREET ADDRESS	6817 HUGH DRIVE		2.3 STREET ADDRESS		·		
CITY-ST-ZIP	CALLAWAY FL		2. 4 CITY - ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		1		
CITY - ST - ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		1		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			Change	Additio
NAME (5.2 NAME		,		
STREET ADDRESS			5.3 STREET ADORESS		1		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		1	☐ Change	Additio
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY - ST - 7IP			6.4 CITY-ST-7IP				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 of an attachment with an address?

SIGNATURE: