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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

M78956

(3)

Mailing Address

SPECIALTY CONTRACTING & CONSTRUCTION, INC.

6239 EDGEWATER DR 6239 EDGEWATER DR ORLANDO FL 32880 ORLANDO FL 32000 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2888588 Not Applicable 21 26 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCNARY, WILLIAM R. 4903 SHETLAND TRAIL Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 Zip Code 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, typed or printed name of registered agent and (their applicable) (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE 1.1 TOTLE DAVID E. AAGAAAD MCNARY, WILLIAM R. NAME 1.2 NAME 6736 NIGHTWIND CITCLE 6650 MILLS ROAD STREET ADDRESS 1.3 STREET ADDRESS ORIANDO, FL. 32818 LOCKHART FL 1.4 CITY- \$1-ZIP CITY-ST-ZIP **X** Change Addition 2.1 TITLE TITLE WILLIAM R. MCNARY MATHEWS, WILLIAM F. NAME 2.2 NAME 4903 SHETLAND TRAIL 6650 MILLS ROAD STREET ADDRESS 2.3 STREET ADDRESS 32808 LOCKHART FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE MATHEWS, JOHN S. 3.2 NAME 6650 MILLS ROAD STREET ADDRESS 3.3 STREET ADDRESS LOCKHART FL CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME **4.2 NAME** 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP