

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McRham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P00388 (9)**  
1. Corporation Name  
**SLOAN CONSTRUCTION COMPANY, INC.**

Principal Place of Business <b>1600 WEST WASHINGTON STREET P O BOX 2008 GREENVILLE SC 29602</b>	Mailing Address <b>1600 WEST WASHINGTON STREET P O BOX 2008 GREENVILLE SC 29602</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/22/1983</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>25-1451427</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23</b> Zip	<b>28</b> Country	<b>29</b> Zip		<b>30</b> Country	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>P</b>	<b>REEVES, ROY D.</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PO BOX 2008 N/A</b>	<b>1.2 NAME</b>	<b>Harry A. Thomas</b>
<b>STREET ADDRESS</b>	<b>GREENVILLE SC</b>	<b>1.3 STREET ADDRESS</b>	<b>1600 W. Washington St.</b>
<b>CITY-ST-ZIP</b>	<b>GREENVILLE SC</b>	<b>1.4 CITY-ST-ZIP</b>	<b>P. O. Box 2008 (Zip - 29601)</b>
<b>TITLE</b>	<b>CFO</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>COOKE, JR. E</b>	<b>2.2 NAME</b>	<b>1600 W. Washington St. - Zip 29601</b>
<b>STREET ADDRESS</b>	<b>P O BOX 2008 - 1600 W. Washington St.</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>GREENVILLE SC 29601</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VPS</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BLUNDON, J.M.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>436 SEVENTH AVENUE</b>	<b>3.3 STREET ADDRESS</b>	<b>Zip - 15219</b>
<b>CITY-ST-ZIP</b>	<b>PITTSBURGH PA 15219</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>TERRERI, KEITH D</b>	<b>4.2 NAME</b>	<b>Zip - 07095</b>
<b>STREET ADDRESS</b>	<b>581 MAIN ST</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>WOODBIDGE NY 07095</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>C</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DIETRICH, B.P.</b>	<b>5.2 NAME</b>	<b>1600 W. Washington St. - Zip 29601</b>
<b>STREET ADDRESS</b>	<b>PO BOX 2008 1600 W. Washington St.</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>GREENVILLE SC 29601</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**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 supplementary 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**

1/8/98

964/27

CR2E034 (10/97)