108. TO ---

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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02736

(7)

CONSTRUCTION ENTERPRISES, INC. OF TENNESSEE

Country

9. Name and Address of Current Registered Agent

25

| Principal Place of Business | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|
| P.O. BOX 2070 | | | | | | | | |
| CLEVELAND TN 37320-2070 | | | | | | | | |
| US | | | | | | | | |

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

23

24

Ζiρ

Mailing Address
P.O. BOX 2070
CLEVELAND TN 37320-2070

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

 $\square V$

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 07/17/1984

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30

10. Name and Address of New Registered Agent

Trust Fund Contribution

FEI Number
 62-1028383

| | CORPORATION SYSTEM | | 81 | Name | | | | | |
|--|--|--------------|--------------------------|--------------|--|----------------|----------|--------------|--|
| 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | , 1021000 (1 (0 / 20) (1 (10) 10) (1 (10) 10) | | | | |
| | | | 83 | | | | | | |
| | | | 84 | City | | | 85 Zip | Code | |
| | | | | Oity | | FL_ | 100 Z.P | | |
| 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 applica OFFICERS AND DIRECTORS | ble. (NOTE R | egistered Age | nt signature | e required when reinstaling) ADDITIONS/CHANGES TO OFFICER | DATE | DIRECTOR | DC IN 10 | |
| TITLE | COB COB | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICER | · | Change | Addition | |
| NAME | PRESTON, FORREST | F DECEME | 1.2 NAME | | <u>{</u> | : - | | Addition. | |
| | P O BOX 3480 N/A | | | | | i | | | |
| STREET ADDRESS | CLEVELAND TN | | 1.3 STREET | | | | | | |
| CITY-ST-ZIP | P | DELETE | 1.4 CITY-S' 2.1 TITLE | 1-ZIP | | — г | Change | Addition | |
| 1 | LANDERS, JOHN W. | - outer | | | | : - | Orlange | Addition | |
| NAME | 3600 KEITH ST APT 1507 | | 2.2 NAME | | | I | | ł | |
| STREET ADDRESS | CLEVELAND TN | | 2.3 STREET | | | - | | | |
| CITY-ST-ZIP | VD VD | DELETE | 2. 4 CITY - S | T-ZIP | | | Change | Addition | |
| TITLE | MYERS, GARY A. | FT NEFFIE | 3.1 TITLE | | | Ļ | change | I Angliton | |
| NAME | RT. 1, BOX 261 | | 3.2 NAME | | | | | 1 | |
| STREET ADDRESS | FAYETTEVILLE TN | | 3.3 STREET | | | | | | |
| CITY-ST-ZIP | ST ST | T ocuers | 3.4. CITY - S | T-ZIP | | | Î Obasan | l'I dare | |
| TITLE | CARY, HAROLD L. | ☐ DELETE | 4.1 TITLE | | | L | Change | Addition | |
| NAME | • | | 4.2 NAME | | | | | ì | |
| STREET ADDRESS | 253 WELLSBROOK CR. | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | FAYETTEVILLE TN | 1-1 | 4.4 CITY-S | r-ZIP | | ! | 7 | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ٠ ـ ـ | Change | Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5,3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST | - 21P | | | | | |
| TITLE | · - | ☐ DELETE | 6.1 TITLE | | | Ε | _ Change | Addition | |
| NAME | | | 6.2 NAME | | | | | } | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | | | | | | |
| 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. | | | | | | | | | |

Country

30