

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000020659</b>	
1. Entity Name <b>S. ADDISON CONSTRUCTION INC.</b>	



FILED  
04 DEC 13 PM 3:10

Principal Place of Business <b>2238 HOMEPARK CIRCLE W JACKSONVILLE, FL 32207</b>	Mailing Address <b>2238 HOMEPARK CIRCLE W JACKSONVILLE, FL 32207</b>
---	---

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business <b>17755 John Allen Rd.</b>	3. Mailing Address <b>17755 John Allen Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10172004 REIN-P CR2E098 (6/04)

City & State <b>Glen St. Marys FL.</b>	City & State <b>Glen St. Marys FL.</b>
Zip <b>32040.</b>	Zip <b>32040.</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>331044961</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>ADDISON, STEPHEN 2238 HOMEPARK CIRCLE W JACKSONVILLE, FL 32207</b>	
7. Name and Address of New Registered Agent Name <b>Addison Stephen</b> Street Address (P.O. Box Number is Not Acceptable) <b>17755 John Allen Rd.</b> City <b>Glen St. Mary's</b> FL Zip Code <b>32040</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen Addison* DATE 12-7-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDISON, STEPHEN 2238 HOMEPARK CIRCLE W JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Addison Stephen 17755 John Allen Rd. Glen St. Mary's FL. 32040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Addison* DATE 12-7-04 DAYTIME PHONE # (904) 838-7839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR