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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Daytimé Phone 🛭

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07115**

(9)

Solic Soli	ATLANTIC UNITED CONSTRUCTION, INC.										
Primary Prim	1475 KLONDIKE RD., STE 100 1475 KLONDIKE RD.							1 100 1001 217 6044 10021 2007 4106 8141 1			1111 111
2. Name and Active of Plane (as 2. Applied for A											Report
Solice Apt # 400 Solice Apt #	2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number		******	oplied For
27 28 27 28 28 28 28 28							<u> </u>	<u>58-1593851</u>			
Cly & State Cly & State Cly & State Cly & State Cly & State Cly & State Country C		# etc.	├ -¬				5.	Certificate of Status Desired			
23 26 27 27 20 28 29 30 30 5. This corporation has failability for interplate as under a 190.032, 29 29 30 5. This corporation has failability for interplate as under a 190.032, 29 29 30 5. This corporation has failability for interplate as under a 190.032, 29 29 30 5. This corporation has failability for interplate as under a 190.032, 29 29 30 5. This corporation has failability for interplate as under a 190.032, 29 29 29 30 5. This corporation has failability for interplate as under a 190.032, 29 29 29 20 20 20 20 20)					6.	Election Campaign Financing			·
26 28 30	23		28					, ,			
PLANTATION R 1 33324 T1. Parsiand in this precisions of Sections 637 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered deport or public mover with, and causely the origination of Section 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the origination of the precisions of Sections 637 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the origination of the origination of the purpose of changing its registered of the origination of the ori		ł ₁		 	try		8.	· -			. 199.032,
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 ### Size of Address (P.O. Box Number is Not Acceptable) ### Size of Address (P.O. Box Number is	24			30			10				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Sirrest Address (P.O. Box Number is Not Acceptable) 83 84 City	CT C		110910100 719011		31	Name		100000000000000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	190	
B3				1	12	Street Addre	ess (F	P.O. Box Number is Not Acceptab	le)		
11. Pursuant to the £-celsitors of Sections 607 0502 and 607 1508, Florida Statules, 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 subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent from the form discorption of programs of Section 167 0505. Florida Statules Converse of the displace of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Converse of the programs of Section 167 0505. Florida Statules Interfered to Supplemental section 167 0505. Flor	Plan	ITATION FL 33324		ļ	_				······		
Part Present to the provisions of Sactions Cd7.0502 and Gd7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or hoth, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or hoth, in the State of Florida. Statutes agent Land turn or well, and accept the originators of Socion 607.0506, Florida Statutes. SIGNATURE					93						
SIGNATION SIGNATURE SIGNATURE SIGNATURE 12 OF FICERS AND DIRECTORS SILUEBE 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE Change Addition MAIN SIRET ARRIVES SIRET ADDRESS CITY ST 7P SIRET ADDRESS SIRET ADDRESS CITY ST 7P DELETE SIRET ADDRESS CITY ST 7P SIRET ADDRES				Ε	34	City			FI	85 Zip	Code
SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PTD DELETE 1.5 THE KENMORE, CLAY 1.2 MME 1475 KLONDIKE RD. #100 05 LETE 2.1 THE CUELLAR, ROBERT 2.2 MME STREET ADDRESS 1.4 CHY-ST-2P CUELLAR, ROBERT 2.2 MME 112 DELETE 3.1 THE Change Addition STREET ADDRESS 2.4 CHY-ST-2P CUELLAR, ROBERT 475 KLONDIKE RD. #100 05 LETE 3.1 THE Change Addition STREET ADDRESS 2.4 CHY-ST-2P CUELLAR, ROBERT 4.5 CLONDIKE RD. #100 05 LETE 3.1 THE Change Addition STREET ADDRESS 3.3 STREET ADDRESS CHY ST-2P 3.4 CHY-ST-2P STREET ADDRESS 3.4 CHY-ST-2P STREET ADDRES	11. Purscant to office or re agent. Lar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the optio	02 and 607.1508, Florida State of Florida, Such change was lations of, Section 607.0505, F	utes, the abo authorized lorida Statu	ove- by t	named corporati	oratio on's t	on submits this statement for the proposed of directors. I hereby accept	urpose of t the app	changing i ointment as	ts registered registered
Signature Properature Pr	SIGNATURE		,								
THE NAME NAME STRET ADDRESS CONYERS GA 1475 KLONDIKE RD. #100 CONYERS GA 1460FFFS GA CONYERS GA 1475 KLONDIKE RD. #100 CONYERS GA	· · · · · · · · · · · · · · · · · · ·				Ageni	t signature require				DIRECTO	20 IN 12
ROME SIRELE ALORES S LET SET TOP CONVERS GA LOTY SET TOP CONVERS GA LOTY SET TOP CUELLAR, ROBERT LOTS SET TOP CONVERS GA LOTY SET TOP CONVERS GA LOTY SET TOP CUELLAR, ROBERT LOTS SET TOP CONVERS GA LOTY SET TOP CONVERS GA					E			ADDITIONS/CHANGES TO OFFIC	ENS AND	***************************************	
1475 KLONDIKE RD. #100	NAM!			1.2 NAN	1E						
THE VS CULLAR, ROBERT 22 MANE STREET ADDRESS 1475 KLONDIKE RD.	STREET ADDRESS			1.3 STR	EET A	DDRESS					
CUY ST ZIP CHAPTER STREET ADDRESS CUY ST ZIP CONYERS GA CONYERS	C TY+ST-ZIP	The state of the s		1.4 CITY	- 51	- ZiP					
STREET ADDRESS CMY ST ZIP TOTAL TOT		, -	☐ DELETE							Change	☐ Addition
CHY ST 2IP CONYERS GA 2 4 CITY-ST-2IP DELETE 31 TITLE 32 MAME 33 STREET ADDRESS CHY ST 7P DILE Change Addition Addition Addition Addition DELETE 4 1 TITLE Change Addition Addit	ļ					nnbree					
DELETE STITLE Change Addition				1		1					
SHELLA JOHESS CLY STATE THEF			DELETE		_				**********	Change	Addition
STATE	to Mi			3.2 NAN	Æ						
DELETE 4.1 TITLE Change Addition NAME SHELL ACRES S CITY ST 7* 44 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME SUBJECTATIONESS CITY ST ZIT DELETE 5.1 TITLE Change Addition NAME SUBJECTATIONESS CITY ST ZIT DELETE 6.1 TITLE Change Addition NAME SUBJECTATIONESS CITY ST ZIT DELETE 6.1 TITLE Change Addition NAME SUBJECTATIONESS CITY ST ZIT DELETE 6.1 TITLE Change Addition NAME SUBJECTATIONESS CITY ST ZIT THE CHANGE S CITY ST ZIT 1.1 To berroy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information incleased 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 he are direct and descript of the propression of						ł					
NAME SPREET ADDRESS CLEY_ST_ZEP LITE DELETE DELETE DELETE S1 TITLE Change Addition ADMINISTRATE ADDRESS CLEY_ST_ZEP LITE DELETE S1 TITLE Change Addition A			DELETE			'- ZIP			***************************************	Channe	Addition
STREET ADDRESS CRY ST 79 THE DELETE STITTLE Change Addition NAME STREET ADDRESS CRY ST AD	i									The Annual Ac	LLI AUGILIUIT
City 51 7P Litte DELETE 51 Titte 52 NAME 52 NAME SPECIATIONESS CITY ST ZIP DELETE 5.3 STREET ADDRESS CITY ST ZIP DELETE 6.1 TITLE Change Addition NAME SUBJECT ADDRESS CITY - ST ZIP 1.4 Loo here by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report or supplemental annual report is from and accurate and that my signature shall have the serie legal effect as if made under oath; that the series of directing of the composition of the reported in a report of the properties of the series of directing of the composition of the reported in a report of the properties of the series of directing of the composition of the reported in a report of the properties of the properties of the series of the properties of the pro	! I					ADDRESS					
SECULATIONESS CITY STUDE SECULATION STUDE SA CITY STUDE Change Addition Addition NAME STREET ADDRESS CITY STUDE 14. Too here by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report or supplemental annual report is from an accountage and that my signature shall have the smellegal effect as if made under oath; that are section of the composition of the compos				4.4 City	- \$1	- ZIP					
STREET ADDRESS GITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 14. Loo here by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report or suppliemental annual report is from a data my signature shall have the smellegal effect as if made under oath; that the part of the report of the preparation of the proportion o	THE		DELETE	5 1 TITL	E					Change	Addition
SHEET ACCIDENTS CONTY-ST-ZIP 14. Loo here by 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 amount report is free and accourate and that my signature shall have the same legal effect as if made under oath; that I are actified for the components annual report is free and accourate and that my signature shall have the same legal effect as if made under oath; that I are actified for the components of the representation of the components of the course and that my signature shall have the same legal effect as if made under oath; that I are actified to the components of the components of the components of the course and that my signature shall have the same legal effect as if made under oath; that I are actified the components of the components of the course of the cour	NAME										
DELETE 6.1 TITLE Change Addition NAME SIREF ACDRESS CITI-S1-78 14. Loo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report for suppliemental annual report is from an accurate and that my signature shall have the same legal effect as if made under oath; that I are actificated on the representation of the representation of the composition of the proposition of the propositio	i										
NAME SIREF ACDRESS CIT-S1-ZIP 14. Loo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount report or suppliemental annual report is from and accurate and that my signature shall have the same legal effect as if made under oath; that I are actified the composition of the reposition of the proposition of the			DELETE			- ZIP				Change	Addition
STREET ADDRESS CID - ST-ZEP 14. Too here by 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 are not office of the correction of the receiver or trustee emprovement to execute this report as required by Chapter 607. Florida Statutes, and that my name.			Las Free II								
14. Too 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 amount report or suppliemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that he provides the report as required by Chapter 607. Florida Statutes, and that my name						ADDRESS					
information included 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 have no officer or director of the correction or the receiver or trusten empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name											
appears in Block 12 or Block 13 if charged or on an attachment with an address	reformation Lampa of	n indicated on this annual report or : ficer or director of the corporation o	supplemental annual report is	strue and ac	cur	ate and that	my si	ignature shall have the same lega	effect as	; if made ur	nder oath; that

Solet Cuellar V.P. Robert Cuellar