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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

BAY MINETTE AL 36507

Suite, Apt. #, etc.

SIGNATURE:

22

P O BOX 579



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20490

(9)

STUART CONSTRUCTION COMPANY, INC.

Mailing Address

2a. Mailing Address

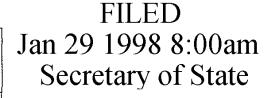
26

27

BAY MINETTE AL 36507

Suite, Apt. #, etc.

P O BOX 579





DO NOT WRITE IN THIS SPACE

19/98 334937-9594

Applied For

\$8.75 Additional

Fee Regulred

Not Applicable

3. Date Incorporated or Qualified 08/15/1988

63-0572271

5. Certificate of Status Desired

4. FEI Number

City & State	•	City &	City & State				<ol><li>Election Campaign F</li></ol>	inancing	\$5.0	O May Be
23		28					Trust Fund Contributi	on 🗆	Adde	d to Fees
Zip	Country	Zip		Counti	ry		8. This corporation owe:	s or has paid th		
24	25	29		30		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer	10. Name and Address of New Registered Agent  81 Name								
CT CORPORATION SYSTEM					ין וי	Name				
1200 S. PINE ISLAND ROAD					2 8	Street Addres	ss (P.O. Box Number is No	t Acceptable)		
PLANTATION FL 33324					1_			<u> </u>	_ <del>_</del>	
				8:	3					1
				84	4 C	City			85 Zi	p Code
									FL   2	
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									ATE	
12	OFFICERS ANI	DIRECTORS		13.			ADDITIONS/CHANGES	TO OFFICERS		
TITLE				1.1 TITLE					L Change	e ∟ Addition
NAME				1.2 NAME	•	ł				
STREET ADDRESS				1.3 STREE	ET ADE	DRESS				ļ.
CITY - ST - ZIP	BAY MINETTE AL			1.4 CITY	ST-Z	1P				
TITLE				2.1 TITLE		7			☐ Change	e 🔲 Addition
NAME	GORDON, J. DON			2.2 NAME	:					
STREET ADDRESS	600 LAKEVIEW DRIVE			2.3 STREE	ET ADD	DRESS				J
CITY-ST-ZIP	BAY MINETTE AL			2. 4 CITY	- ST - Z	ZIP				
TITLE	SID		DELETE	3.1 TITLE					☐ Change	e Addition
NAME	PEPPERMAN, MARCIA			3.2 NAME	:	}				ļ
STREET ADDRESS	1200 THOMLEY AVENUE 338			3.3 STREE	ET ADD	DRESS				ļ
CITY-ST-ZIP	BAY MINETTE AL			3.4. CITY	- ST - 2	ZIP	•			Ì
TITLE	_ D		DELETE	4.1 TITLE			<u> </u>		☐ Change	Addition
NAME	MITCHELL, T.W.			4. 2 NAM	Ε					
STREET ADDRESS	600 E. 6TH STREET			4.3 STREE	ET ADE	DRESS				J
CITY-ST-ZIP	BAY MINETTE AL			4.4 CITY-	ST-ZI	IP				İ
TITLE			DELETE	5.1 TITLE	_				☐ Change	Addition
NAME				5.2 NAME		ľ				
STREET ADDRESS				5.3 STREE	ET ADE	DRESS				
CITY-ST-ZIP				5,4 CITY	·ST-ZI	IP				
TITLE			DELETE	6.1 TITLE			<del></del>		Change	Addition
NAME				6.2 NAME		1				ł
STREET ADDRESS				6.3 STREE	T ADD	DRESS				1
CITY-ST-ZIP				6.4 CITY-						1
14. I hereby c	ertify that the information supplied w	Ith this filing do	es not qualify fo	r the exem	ption	n stated in Se	ection 119.07(3)(i), Florida	Statutes, I furth	er certify that the	he 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										
officer or director of the corporation of 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 or an analysis										

JRE REQUIRED