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



Sandra B. Mortham

FILED
Apr 24 1997 8:00am
Secretary of State

	FILE NOW: FILING FEE	AFTE	R MAY 1 IS	\$550.00	-	ILED	_
	PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Søcretary of State DIVISION OF CORPORATIONS		Apr 24 1997 8:00am Secretary of State		
1997		TES:					
	JMENT # P31777 LLEN CONSTRUCTION CON		(6)				
Principal Place of Business Mailing Address							
6216 MILLER (EDWARDSVILL US			9 MILLER DRIVE VARDSVILLE IL 62025	4922			
2. Principal	Place of Business	2a.	Mailing Address		3. Date Incorporated or Qualified 11/09/1990 4. FEI Number	3a. Date of Last Re 02/28/1996	eport
н		26			37-1132624	No	l Applicabl
Suite, Apt	t. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Sta	ate	28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country 25	29	Zip	Country 30	_	☐ Yes ☐ No	199.032,
CT	9, Name and Address of Curre CORPORATION SYSTEM	nt negist	erea Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
	00 S. PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
PLA	ANTATION FL 33324			83			
				84 City		85 Zip C	2040
44 D						FL S 2 PC	
office or agent. I				tes, the above-named co authorized by the corpora lorida Statutes. TE: Registered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby acce		s registere registered
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AN	ont and title if	applicable (NO	TE: Registered Agent signature requ		purpose of changing its pt the appointment as DATE CERS AND DIRECTOR:	S IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	ont and title if	applicable (NO	TE: Registered Agent signature requ	uired when reinstalling)	purpose of changing its pt the appointment as DATE	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE	ont and title if	applicable (NO	12: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstalling)	purpose of changing its pt the appointment as DATE CERS AND DIRECTOR:	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M.	ont and title if	applicable (NO	1E: Registered Agent signature requests 13. 1.1 TITLE 1.2 NAME	uired when reinstalling)	purpose of changing its pt the appointment as DATE CERS AND DIRECTOR:	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICE RS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE	ont and title if	applicable (NÖ TORS DELETE	12: Registered Agent signature registration and the registered Agent signature registration and the registration a	uired when reinstalling)	purpose of changing its pt the appointment as of the appointment appointment as of the appointment appointment appointment appointment	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE	ont and title if	applicable (NÖ TORS DELETE	18: Registered Agent signature request. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstalling)	purpose of changing its pt the appointment as of the appointment appointment as of the appointment appointment appointment appointment	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICE RS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE	ont and title if	applicable (NÖ TORS DELETE	12: Registered Agent signature registration and the registered Agent signature registration and the registration a	uired when reinstalling)	purpose of changing its pt the appointment as of the appointment appointment as of the appointment appointment appointment appointment	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA	ont and title if	Applicable (NO TORS DELETE	18: Registered Agent signature request. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinstalling)	purpose of changing its pt the appointment as DATE CERS AND DIRECTOR: Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE	ont and title if	Applicable (NO TORS DELETE	18: Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstalling)	purpose of changing its pt the appointment as DATE CERS AND DIRECTOR: Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL	ont and title if	Applicable (NO TORS DELETE DELETE	18: Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	uired when reinstalling)	purpose of changing its pt the appointment as in DATE CERS AND DIRECTOR: Change Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL D ALLEN, MICHAEL	ont and title if	Applicable (NO TORS DELETE	15: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstalling)	purpose of changing its pt the appointment as DATE CERS AND DIRECTOR: Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE 6218 MILLER DRIVE 6218 MILLER DRIVE 6218 MILLER DRIVE	ont and title if	Applicable (NO TORS DELETE DELETE	15: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinstalling)	purpose of changing its pt the appointment as in DATE CERS AND DIRECTOR: Change Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL D ALLEN, MICHAEL	ont and title if	Applicable (NO TORS DELETE DELETE	15: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstalling)	purpose of changing its pt the appointment as in DATE CERS AND DIRECTOR: Change Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK	ont and title if	Applicable (NO TORS DELETE DELETE DELETE	18: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstalling)	purpose of changing its pt the appointment as i DATE CERS AND DIRECTOR: Change Change Change	S IN 12 Additi Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER ORIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK 6218 MILLER DRIVE 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK 6218 MILLER DRIVE	ont and title if	Applicable (NO TORS DELETE DELETE DELETE	18: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinstalling)	purpose of changing its pt the appointment as i DATE CERS AND DIRECTOR: Change Change Change	S IN 12 Additi Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK	ont and title if	Applicable (NO TORS DELETE DELETE DELETE	18: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstalling)	purpose of changing its pt the appointment as i DATE CERS AND DIRECTOR: Change Change Change	S IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER ORIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK 6218 MILLER DRIVE 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK 6218 MILLER DRIVE	ont and title if	Applicable (NO TORS DELETE DELETE	18: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstalling)	purpose of changing its pt the appointment as i DATE CERS AND DIRECTOR: Change Change Change Change	S IN 12 Additi Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS AN PD ALLEN, THOMAS M. 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, KATHERINE 6218 MILLER DRIVE EDWARDSVILLE IL DST ALLEN-HOWARD, LORETTA 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MICHAEL 6218 MILLER DRIVE EDWARDSVILLE IL D ALLEN, MARK 6218 MILLER DRIVE EDWARDSVILLE IL	ont and title if	Applicable (NO TORS DELETE DELETE	18: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	uired when reinstalling)	purpose of changing its pt the appointment as i DATE CERS AND DIRECTOR: Change Change Change Change	S IN 12 Additi Additi

on precedure 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 oprioration 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 Blook 13 changed, or on an attachment with an address.

GNATURE:

和