## 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

P92000005152 (3) **DOCUMENT #**1. Corporation Name

AUGUST CONSTRUCTION COMPANY INC.

**FILED** Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						II GOLDS ONBY 19805 DI	(10 110 M)
3080 SALINA MIAMI FL 33	AS WAY	3060 SALINAS WAY MIRAMAR FL 33025	SALINAS WAY				
US					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 11/16/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	ΙΔr	plied For
21 26		26			65-0397229	<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	·····
27		27			5. Certificate of Status Desired	Fee Re	
City & State City & St		City & State	State		6. Election Campaign Financing	\$5.00	May Re
23 28					Trust Fund Contribution	Added t	
Zip	Country	Z(p	Country		8. This corporation owes or has paid the	current year Int	angible
24	[25]	[29]	30	~	Personal Property Tax due June 30.		No
LIF	9. Name and Address of Curre	nt Registered Agent	81 1	1	10. Name and Address of New Register	ed Agent	
	ENNEY, IVANHOE T		81  "	Vame			
3060 SALINAS WAY MIRAMAR FL 33025			<b>82</b> S	treet Addr	ress (P.O. Box Number is Not Acceptable)		
1716	NAMAN FL 33025		83				
			84 C	City	F	=L 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-na	amed corp	oration submits this statement for the nurnos	e of changing its	s 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					<u> </u>		
	Signature, typed or printed name of registered ag		TE: Registered Agent si	ignature require			
TITLE	DPS	VD DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
NAME	HENNEY, IVANHOE T		1.1 TITLE	ļ		☐ Change	Addition
STREET ADDRESS	3060 SALINAS WAY		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33025						-
TITLE	DV	DELETE	1.4 CITY-ST-ZI 2.1 TITLE	<del>-  </del>		Change	Addition
NAME	HENNEY, RUBY J.	_	2.2 NAME			change	
STREET ADDRESS	3060 SALINAS WAY		2.3 STREET ADD	)RESS			
CITY-ST-ZIP	MIRAMAR FL 33025		2. 4 CITY - ST - Z				
TITLE		DELETE	3.1 TITLE	<u>"                                    </u>		☐ Change	Addition
NAME		3.2 M					
STREET ADDRESS	3.3		3.3 REET ADD	ress			- 1
CITY-ST-ZIP			3.4 TTY-\$1-Z	1P			
TITLE		☐ DELETE	4.: LE			Change	☐ Addition
NAME			4. NME				
STREET ADDRESS			4.: REET AOD	l l			ŀ
CITY-ST-ZIP		Dr. Fre	4.4 (ITY-ST-ZII	Р			
TITLE		☐ DELETE	5.1 ITLE			☐ Change	Addition
NAME STORES ADDRESS			5.2*NAME				
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIE 6.1 TITLE	<u> </u>		T 1 65	11000
NAME		m precie		]		Change	☐ Addition
STREET ADDRESS			6.2 NAME	nrec			ŀ
ATTREET VOINTESS			6.3 STREET ADD	ness			

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 corpolation 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.

William T. HENNEY O and Canaligations