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

DOCUMENT # P9200006911 (*

FILED Mar 26 1998 8:00am Secretary of State

1. Corporatio	HPETERSON CONSTRUCT	ION CORPORATION))
Principal Place of Business Mailing Address					AU IANNA KUBU KUBU
1115 E. LIVINGSTON 1115 E. LIVINGSTON					
ORLANDO FL 32803 ORLANDO FL 32803					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Addr		2a. Mailing Address		11/20/1992 4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		¢9.7	5 Additional
22		27		I h L'entiticate di Status Desired I I	Required
City & State		Clty & State		6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution	ed to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year	
24	25	29	30	Personal Property Tax due June 30. Yes	No
	9. Name and Address of Curre	nt riegistered Agent	81 Name	10. Name and Address of New Registered Agent	
PETERSON, J. C 1115 E. LIVINGSTON STREET			VI Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32803			83		
			84 City	FL 85 Z	ip Code
11, Pursuant office or ragent. La	to the provisions of Sections 607.05i registered agent, or both, in the State am familiar with, and accept the oblic	02 and 607.1508, Florida State of Florida, Such change was attons of, Section 607.0505,	tutes, the above-named corp s authorized by the corporal Florida Statutes.	poration submits this statement for the purpose of changing items to board of directors. I hereby accept the appointment	g its registered as registered
SIGNATURE				·]
	Signature, typed or printed name of registered ag		OTE: Registered Agent signature requi		
12.	DPS OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
	PETERSON, J.CHRIS		1.2 NAME		, Li riodinon
NAME PETERSON, J.CHRIS STREET ADDRESS 1115 E. LIVINGSTON			1.3 STREET ADDRESS		
CITY-ST-ZIP	OD 1100 EL 0000		1.4 CITY-ST-ZIP		
TITLE	OND WIDE TE SESSO	DELETE	2.1 TITLE	☐ Chang	e Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Chang	e Addition
NAME	AME 3.		3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		ľ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE	☐ Chang	je 🔲 Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS	İ		4.3 STREET ADDRESS		i
CITY-ST-ZIP		Delege	4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE	☐ Chang	e 🔲 Addition
NAME	1		5.2 NAME]
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Chang	e Addition
TITLE			6.1 TITLE	LI Citalig	- C Addition
NAME OTDEET ADODESE			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		!
CITY-ST-ZIP	Certify that the information supplied y	with this filing does not qualify	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that	the information

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 informatio 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 frustee 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 address.

2-9-90