## FILE NOW: FILING FEE AFTER MAY 18

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P92000009393 (9)

| MAGER   | CONSTRUCTION, INC.                          | ·                              | •                       |   | a sedingdi ma sama sedin demi armi Reli   | ni 48iin baras asatt talit tärt tali ett   | 1      |
|---|---|--------------------------------|-------------------------|---|---|--|--------|
|   |   |                                |                         |   |   |  |        |
| Principal Place of Business Mailing Address                                   |   |                                |                         |   |   | 'i Dàile Sáile (Bibà leisa saidt 1111 1861 | '      |
| 1062 SW WILLOW LANE 1062 SW WILLOW LANE PALM CITH FL 34990 PALM CITY FL 34990 |   |                                |                         |   |   |  |        |
| US US   |   |                                |                         | DO NOT WRITE IN THIS SPACE                              |   |  |        |
|   |   |                                |                         |   | Date Incorporated or Qualified     12/04/1992                                     |  |        |
| 2. Principal Place of Business  |   | 2a. Mailing Address            |                         |   | 4. FEI Number<br>65-0381206   | Applied Fo                                 |        |
| Suite, Apt. #, etc.   |   | Suite Ant # etc                | Suite, Apt. #, etc.     |   | 1   | Not Applica \$8.75 Additions               |        |
| 22  |   | 27                             |                         |   | 6. Certificate of Status Desired  | Fee Required                               | "      |
| City & State  | 9   | City & State                   |                         | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |  |        |
| Zip   | Country 25                                  | Zip 29                         | Country<br>30           |   | This corporation owes or has pail     Personal Property Tax due June              | , , , , , , , , , , , , , , , , , , ,      |        |
| 9. Name and Address of Current Registered Agent                               |   |                                |                         |   | 10. Name and Address of New Registered Agent                                      |  |        |
| MAGER, JOANNE   |   |                                |                         | Name  |   |  | j      |
|   | 2 SW WILLOW LANE<br>LM CITY FL 34940        |                                | 82 Street Addr          |   | ess (P.O. Box Number is Not Acceptable  | e)   |        |
| '^"   | DIN ONLY I C OTOTO                          |                                | 83                      |   |   |  |        |
|   |   |                                | 84                      | City  |   | 85 Zip Code                                |        |
| #4 Pursuant   | to the exercision of Coeffee CO7.0          | MOD and COZ 1500 Florida Pto   | tutos the should        | •   | costion as broate this statement for the m  | FLI"I                                      | - I    |
| office or re  | edistered agent or both, in the St          | sta of Florida. Such change wa | as authorized by        | the corporati   | oration submits this statement for the prion's board of directors. I hereby accep | t the appointment as registere             | ed     |
| SIGNATURE   | I COMMING                                   |                                | rionda Statutes         | '   |   | 4-9-98                                     |        |
|   | Signature dipod autinted name of registered | applicable (f                  | NOTE: Registered Age    | nt signatura requir                                     |   | DATE                                       |        |
| 12.   | OFFICERS                                    | DELETE                         | 13.<br>1.1 TITLE        |   | ADDITIONS/CHANGES TO OFFICE   | Change Add                                 | dition |
| NAME  | MAGER, TERRENCE J                           |                                | 1.2 NAME                |   |   |  |        |
| STREET ADDRESS  | 1082 SW WILLOW LANE                         |                                | 1.3 STREET              | ADDRESS   |   |  | -      |
| CHY-ST-ZIP  |   |                                | 1.4 CITY-S              | 1- ZIP  |   |  |        |
| TATLE   |   | DELETE 2.1                     |                         |   |   | Change Add                                 | dition |
| NAME  |   |                                | 2.2 NAME                |   |   |  |        |
| STREET ADDRESS  |   |                                | 2.3 STREET              |   |   |  |        |
| CITY-S1-ZIP<br>TITLE  |   | DELETE                         | 2.4 CITY-S<br>3.1 TITLE | T-ZIP   |   | Change Add                                 | dition |
| NAME  |   | CJ Otterie                     | 3.2 NAME                |   |   | La cidige La rice                          | 210017 |
| STREET ADDRESS  |   |                                | 3.3 STREET              | ADDRESS   |   |  |        |
| CITY-ST-ZIP   |   |                                | 3.4. CITY-S             | · · ·   |   |  | I      |
| TITLE   |   | DELETE                         | 4.1 TITLE               |   | <u> </u>  | ☐ Change ☐ Add                             | dition |
| NAME  |   |                                | 4. 2 NAME               |   |   |  | Ì      |
| STREET ADDRESS  |   |                                | 4.3 STREET              | ADDRESS   |   |  |        |
| CITY-ST-ZIP   |   |                                | 4.4 CITY-S              | - ZIP   |   |  |        |
| TITLE   |   | DELETE                         | 5.1 TITLE               |   |   | Change Add                                 | dition |
| NAME  | 52  |                                | 5.2 NAME                |   |   |  |        |
| STREET ADDRESS  |   |                                | 5.3 STREET              | ADDRESS   |   |  | j      |
| CITY-ST-ZIP   |   |                                | 5.4 CITY - S            | r-ZIP   |   |  | J      |
| TITLE   | <del></del>                                 | DELETE                         | 6.1 TITLE               | 7   |   | Change Add                                 | noitit |

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 suppliemental 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 comparation 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 15 or Granged, or on an attachment with applications.

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 15 1998 8:00am

Secretary of State