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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013172 (1)

CAN-DO CONTRACTING, INC.

					<b>ale (1111</b>
Principal Place of Business Mailing Address					101ET E1000 1110E 1E011 1E010 1101 1001
245 VENUS ST 8100 SE CROSS RIP ST			ī		
2 HOBE SOUN			5	DO NOT WRITE IN	THIS SPACE
JUPITER FL 33458 US				3. Date Incorporated or Qualified	]
	-			12/18/1992	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0378742	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		, , ,	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	itered Agent
CLARK, JOSEPH S   81   Name					
8100 SE CROSSRIP ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	,
HOBE SOUND FL 33455			83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statules, 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 properly the obligations of 1500,0505, Florida Statutes.					
agent. I am tapiliar with, and accept the obligations of section 607.0505, Florida Statetes.					
SIGNATURE	- Here	1. Hach	thes.	4/	29/98
12.		ont and offici Lappin ablo (N ID DIRECTORS	OTE: Magistored Agent signature req	(uired when reinstaling)  ADDITIONS/CHANGES TO OFFICER	DATE DIDECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	CLARK, JOSEPH S		1.2 NAME		
STREET ADDRESS	8100 SE CROSS RIP ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CLARK, SUSAN		22 NAME		
STREET ADDRESS	8100 SE CROSS RIP ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455	DELETE	2.4 CITY-ST-ZIP	-	Change Addition
TITLE		☐ OCIEIE	3.1 TITLE		Change Addition
NAME ATORET ADORESIS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		<del></del>	4. 2 NAME		<del>_</del> - <del>_</del> <del>_</del>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE <b>t</b> e	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		L DELETE	6.1 TITLE		Li Change Li Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied w	vith this filing does not qualify	for the exemption stated	n Section 119 07(3)(i) Florida Statutes I fur	ther 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 information indicated on this annual report or supplemental annual					
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 Block 12 or Block 13 if changed, or on an attachment with an address.					