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 #
1. Corporation Name P93000010376 (0)

	RAHAM CONTRACTING,	INC.			
Principal Plac	e of Business	Mailing Address		r (Addiáda) and sanga sant gabiti dalit (4011) (4011)	TENET MUSICA USTAL TONIO MUSIC MOSA
4997 NW 56TH BLVD 4997 NW 56TH BLVD LAKE PANASOFFKEE FL 33138 LAKE PANASOFFKEE FL 33138			33138	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				02/11/1993	
	lace of Business	2s. Mailing Address		4. FEI Number 59-316 58	30 Applied For
Suite, Apt.	H Atc	Suite, Apt. #, etc.		APPLIED FOR	Not Applicable \$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
¬%nと	78 Country	702600	Country	8. This corporation owes or has paid the	
24 222	25 25 Name and Address of Cure	29 335 38	30	Personal Property Tax due June 30. v 10. Name and Address of New Register	Yes No
		ant nagistered Agent	81 Name A	10. Hallie and Address of New Register	ed Agent
Graham, robert e 4997 NW 56th BLVD Lake panasoffkee FL 33138			62 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			<u> </u>	The second secon	
			83		
			84 City		85 Zip Code
SIGNATURE	Signature typind or prested name of registered	agent and hire-Lapplicable (NOT	BBUT E G IF: Registered Agent signature requ 13.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the following the description of the purpose ation's board of directors. I hereby accept the description of the purpose ation's board of the purpose ation's board of the purpose at th	FAND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRAHAM, ROBERT E		1.2 NAME		
STREET ADDRESS	4997 NW 56TH BLVD	\PA0	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKE PANASOFFKEE FL 3	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		E Detete	2.1 MLF 2.2 NAME		Colonide C Modition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		LJ DELETE	6.1 TITLE		Change P Addition
NAME			6.2 NAME		
STREET ADDRESS	İ		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

14. I hereby certify that the information expliced 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 supplicemental arrival report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the original to the receipt of the

FILED

May 05 1998 8:00am

Secretary of State