

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000019755 (6)**

1. Corporation Name  
**TEMCO CONSTRUCTION CORP.**

Principal Place of Business  
**PO BOX 322  
TAVARES FL 32778**

Mailing Address  
**2605 KURT STREET  
EUSTIS FL 32726**

FILED  
Jul 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **2605 Kurt Street**  
Suite, Apt. #, etc.  
22 **Suite A**  
City & State  
23 **Eustis, FL**  
Zip  
24 **32726** Country  
25 **USA**

2a. Mailing Address  
26 **PO Box 117**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Eustis, FL**  
Zip  
29 **32727** Country  
30 **USA**

3. Date Incorporated or Qualified

**03/16/1993**

4. FEI Number

**59-3175735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SPEARS, HARVEY L  
2605 KURT STREET  
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, 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 accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEARS, HARVEY L SR.</b>	
STREET ADDRESS	<b>2605 KURT ST.</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEARS, HAZEL</b>	
STREET ADDRESS	<b>2605 KURT ST.</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, BETTY J</b>	
STREET ADDRESS	<b>28 RADIO COURT</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEARS, KEITH J</b>	
STREET ADDRESS	<b>615 MORNINGSIDE DR.</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEARS, HARVEY L JR</b>	
STREET ADDRESS	<b>501 FAHNSTOCK STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE **H. L. Spears**

**7/29/98**

**252-252-1688**

CR2E034 (5/98)



**TEMCO CONSTRUCTION CORP.**

**2605 KURT ST. • P.O. BOX 117 • EUSTIS, FL 32727**

July 16, 1998

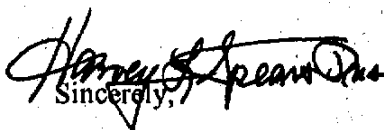
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report

ATT: Tanya

Dear Madam,

Today I received the Second Notice for our Corporation filing fee. However I did not receive the First or Original Notice. If I had I would have immediately paid it without delay. I am requesting a consideration of not being penalized for a late fee. I am enclosing a check in the amount of \$150.00 and my filing fee.

  
Sincerely,