

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).

APPROVED
AND
FILED

98 NOV 16 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000024451**

1. Corporation Name

ConstructAll Inc.

Principal Place of Business

Mailing Address

**1628 Anchorage Street
Sarasota, Florida
34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/31/93

4. FEI Number

59-3180053

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

2. Principal Place of Business

21 1628 Anchorage St.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Sarasota, FL

Zip

24 34231

Country

25 USA

City & State

27 City & State

Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

**Douglas P. Lauer
1628 Anchorage St.
Sarasota, FL 34231**

10. Name and Address of New Registered Agent

81 Name

SAME

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 607.1503, 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 ☐ DELETE

**NAME Douglas P. Lauer
STREET ADDRESS 1628 Anchorage St
CITY-ST-ZIP Sarasota, FL 34231**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE
12 NAME
13 STREET ADDRESS 400002691824--9
14 CITY-ST-ZIP -11/19/98-01084-003
****158.95 ****158.95**

☐ Change ☐ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP**

☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP**

☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(f), 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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

11/13/98 941/927-8668

CR2E034 (5/98)