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PROFIT CORPORATION ANNUAL REPORT

1998



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045729 (9)

CONTRACTORS UNLIMITED, INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2745 LLOYD LANE P. O. BOX 450457 KISSIMMEE FL 34744 KISSIMMEE FL 34745-0457 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3223499 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes □Ño Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name P O BOX 450457 Street Address (P.O. Box Number is Not Acceptable) KISSMMEE FL 34745 83 R4 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITE F DELETE 1 1 TITLE ___ Addition WADE, GLENNON NAME 1.2 NAME P O BOX 450457 N/A STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE WADE, CECILE M NAME 2.2 NAME P O BOX 450457 N/A STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP

DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 furstee 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 attractional with an address.

SIGNATURE: