


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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045729 (9)					
1. Corporation Name CONTRACTORS UNLIMITED, INC.					
Principal Place of Business 2745 LLOYD LANE KISSIMMEE FL 34744			Mailing Address P. O. BOX 450457 KISSIMMEE FL 34745-0457 US		
2. Principal Place of Business 21 419 W. Bronson Hwy. Suite, Apt. #, etc.		2a. Mailing Address 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/24/1993	
22 City & State 23 Kissimmee, FL		27 City & State 28 Kissimmee, FL		4. FEI Number 59-3223499	
24 34741		25 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WADE, CECILE M P O BOX 450457 KISSIMMEE FL 34745			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 FL			86 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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

SIGNATURE:

*Cecile M. Wade*

3/5/98

407-518-8668

CR2E034 (10/97)