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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9300(CONSTRUCTION, INC.)047569 (7)	ľ		
Principal Plac	e of Business	Mailing Address		I IADVINDA INA IDABA KAKA BAKA DANK BAKA BAKA BAKA	
200 E MAIN ST GENEVA FL 32732 US		200 E MAIN ST GENEVA FL 32732 US		DO NOT WRITE IN THIS	SPACE
•		••		3. Date Incorporated or Qualified	
				06/23/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# nto	Suite, Apt #, etc.		59-3195369	Not Applicable
Suite, Apt. #, etc. 22		27 Suite, Apr. #, 8tb.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
ZIP	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Registered	Agent
	YCE, FRANK E		81 Name		
200 E MAIN ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
GE	NEVA FL 32732		83		
			83		
			84 City	FI	85 Zip Code
44 Dureuppt	to the provisions at Sections 607.050	2 and 607 1609. Florida Statu	toe the shove named co		of changing its registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga-	ations of, Section 607.0505, F	authorized by the corpor lorida Statutes. 16. Registered Agent signature req	rporation submits this statement for the purpose alion's board of directors. I hereby accept the ap	pointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PVDC	☐ DELETE	1.1 TITLE		
NAME	JOYCE, FRANK E		1.2 NAME		
STREET ADDRESS	200 E MAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL	Dourt	1.4 CITY - ST - ZIP		Document To Administra
TITLE	ST SOVEE DATEICIA A	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOYCE, PATRICIA A 200 E MAIN ST		2.2 NAME	,	1
STREET ADDRESS	GENEVA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WATE TO LE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHTY-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		DE-LESS.	5.4 CITY - ST - ZIP		Chance Ladge
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

1117 210 5202

FILED

May 04 1998 8:00am

Secretary of State