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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN # P9300(CONTRACTING COMPANY)052428 (8)		
Principal Plac	e of Business	Mailing Address			01110 1011 01010 11961 1811 1801
18954-4 DIXIE		10895-4 DIXIE HWY			
ST AUGUSTINE FL 32095		ST AUGUSTINE FL 320	195		
US		US		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 07/27/1993	
2. Principal F	Place of Business	2a, Mailing Address	····	4. FEI Number	Applied For
21		26		59-3194415	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8,75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		Election Campaign Financing	\$5.00 May Be
23		28	<u>-</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	B. This corporation owes or has paid the	
24	25 9. Name and Address of Curren	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
10		it Hogistored Agent	81 Name	10, Halle Bild Addiess of Hew Hegister	on whom
LOGAN, JEFFREY M 1464 RIVER LANE					
GREEN COVE SPRINGS FL 32043			82 Street A	Address (P.O. Box Number is Not Acceptable)	
1			83		Tanata.
			94 03		ar Zin Code
1			84 City	F	EL 85 Zip Code
office or agent. I a	m familia with, and accept the obliga	ations of, Section 607.0505, I	S authorized by the corp Florida Statutes	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstating)	appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	YIS	L_ DELETE	1.1 TITLE	VICE RESIDENT	Change Addition
NAME	LOGAN, JEFFREY MARK -805 EAST ST 1340 0	CORTEZ STREET	1.2 NAME	10895-4 OLD DIX 1	F IINY
STREET ADDRESS	ST AUGUSTINE FL 320	QIL	■ }	Constant of the	22005
CITY-ST-ZIP TITLE	V V	DELETE	1.4 C(1Y+ST-ZIP 2.1 T(1)LE	ST. HUGOSING 12	Change Addition
NAME	BARCIA, MICHAEL		2.2 NAME		C orange C random
STREET ADDRESS	4984 RATHBONE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		2. 4 CITY - S1 - ZIP		
TITLE	BICKY SCAGO	▶ □ DELETE	3.1 T(T(E		Change Addition
NAME	VICE PILESTIDES	V	3.2 NAME		
STREET ADDRESS	1000	ICH HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. ACKIUSTINE		3.4. CITY-ST-7HP		<u></u>
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELE te	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ perti€	5.1 TITLE		C change
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
1			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		···
STREET ADDRESS			6.3 STREET ADDRESS		
1					

6.4 CHY-S1-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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address.