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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070722 (2)

MATTHEWS CONSTRUCTION, INC.

**FILED** Mar 13 1997 8:00 am Secretary of State

Principal Place 507 S. MARION SUITE 5 LAKE CITY FL	STREET	507 S. MARION SUITE 5	Mailing Address 507 S. MARION STREET SUITE 5 LAKE CITY FL 32025-5253 US							
US		US				-	3. Date Incorporated or Qualified   3a. Date of Last Report   05/01/1996			
2. Principal P	ace of Business	2a. Mailing Ad	dress				4. FEI Number	1 00/01/10	Applied For	
21		26	26				<b>59-3210966</b> Not Applicable			
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.	75 Additional	
22		27	27				5. Certificate of Status Desired Fee Required			
City & State	9	City & Stat	City & State				6. Election Campaign Financing\$5.00 May Be			
23		28	28				Trust Fund Contribution	Ad	ided to Fees	
Zip	Country	Zip	harage	Country			8. This corporation has liability for		der s. 199.032,	
24 25 29			[30]	[30]			Florida Statutes Yos No			
	9, Name and Address of Cur	rent Registered Agen	t <b></b>			1	0. Name and Address of New Re	gistered Agent		
MATTHEWS, THOMAS S				81	Namo					
507 S. MARION STREET				82	Street	Address	ess (P.O. Box Number is Not Acceptable)			
SUITE 5										
LAKE CITY FL 32025				83						
				84	City			FL 85	Zip Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607,1508, Fto ate of Florida. Such ch oligations of, Section 60	orida Statutes, th ange was autho 17.0505, Florida	ie above rized by Statutes	named the corp	corpora poration's	tion submits this statement for the s board of directors. I hereby acce	ourpose of chang pt the appointmen	ing its registered nt as registered	
SIGNATURE	Signature, typed or printed name of registered	Laborit and tills if apt brable	(NOIE: Regi	istered Age	nt signature	required wi	hen reinstating)	DATE:		
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12	
TITLE	P		DELETE 1.1 TI					Cha	ange 🔲 Addition	
NAME	MATTHEWS, THOMAS S			1.2 NAME						
STREET ADDRESS 507 S. MARION STREET, SUITE 5				1.3 STREET ADDRESS			•			
CITY-ST-ZIP	LAKE CITY FL			1.4 CITY - ST	-ZIP					
TITLE	V		DELETE	2.1 TITLE				Cha	ange	
NAME	MATTHEWS, SHIRLEY A			2.2 NAME						
STREET ADDRESS	507 SO MARION STR, STE	5		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE CITY FL			2. 4 CITY - S	1-7IP		- ·			
TITLE	ST	×	DELETE	3.1 TITLE		7		Cha	ange 🔲 Addition	
NAME	MATTHEWS, DAVID G			3.2 NAME		AM	TTHEWS, DAVIC	20.	•	
STREET ADDRESS 507 SO MARION STR, STE 5				3.3 STREET ADDRESS		5.7	SO. MARION ST	ス, ちてこち	>	
CITY-ST-ZIP	LAKE CITY FL			3.4 CITY - S	1 - ZtF		ke city fl			

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TOLE

5.2 NAME

6.1 TITLE

6.2 NAME

AKE CITY FL

LAKE CITY FL

2/1/20

MATTHEWS, MARCUS

507 50. MARION STR.

DELFTE

DELETE

DELETE

Change

Change

Change

**X** Addition

Addition

Addition