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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000071929 (2) DOCUMENT #

GLOBAL CONTRACTORS, INC.

Principal Place of Business Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



900 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211			P.O.BOX 91496 MOBILE AL 36691 US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 10/18/1993
2. Principal Place of Business			2a. Malling Address				4. FEI Number Applied For
21			26				59-3207541 Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution
Zip	Country	Country Zip C			Country 8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
	RPORATION INFORMATION SEF	MCES,	INC.		81	Name	-
1201 HAYS STREET					B2	Street A	Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			5.000				
					63		
					B4	City	85 Zip Code
					54	City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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 Signalure: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE							
12.	OFFICERS AN	D DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO		DELETE	1.1 TI	TLE	T	☐ Change ☐ Addition
NAME	FREY, CHARLES B			1.2 N	AME		
STREET ADDRESS	3654 HALLS MILL ROAD			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	Mobile al			1.4 0	ITY-S	T-ZIP	
TITLE	D		DELETE	2.1 T			☐ Change ☐ Addition
NAME	MASON, CHARLES			2.2 N	AME		
STREET ADDRESS	3654 HÁLLS MILL ROAD			235	TREET	ADDRESS	
CITY-ST-ZIP	MOBILE AL 36693					ST-ZIP	
TITLE	ST DELETE			3.1 Ti			☐ Change ☐ Addition
NAME	BECKY LENTZ			32N	3.2 NAME		
STREET ADDRESS	3654 HALLS MILL ROAD					ADDRESS	
CITY-ST-ZIP	MOBILE AL			i i		ST-ZIP	
TITLE			DELETE	4.1 70		7: E.II	Change Addition
NAME				4.21			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					TY-S		
TITLE	,		DELETE	5.1 T		<u> </u>	Change Addition
NAME				5.2 N			
STREET ADDRESS						ADDRESS	
					iTY-S	i	!
CITY-ST-ZIP TITLE			DELETE	5.4 C			Change Addition
NAME				6.2 N			
STREET ADDRESS						ADDRESS	
***************************************						<i>/</i> /	
CITY-ST-ZIP	partify that the information supplied w	ith this fi	ling#does not qualify	for the ex	emp	tion stated	I ed 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 eath; that I am an officer or director of the corporation or the receiver of rus the 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 ettachment with lan address. CHARLES B. FREY							

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