2002 GITIFOI	im bosiness repor
DOCUMENT #	P93000085720

1. Entity Name

STEEDLEY & ASSOCIATES CONSTRUCTION, INC.

Principal Place of Business

RT 4 BOX 4630

FT WHITE FL 32038 US

Mailing Address

RT 4 BOX 4630 FT WHITE FL 32038



	Place of Business 66 SW SR 47								
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	t white, Fl.	Fort Wh	ite,F1.		4. FEI Number 59-3213182	<del></del>	Applied For lot Applicable		
			Country A	, =	5. Certificate of Status Desired	S8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
Name Cré					ews Kellu				
STEEDLEY: MARIE - Street Aiddes					1933 P. Box Numeric Not acceptable 4.7				
FI, WHIII	E FL 32038						2.		
			City	ort	white	FL   含空	<b>738</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE KILLY CRUIS									
SIGHT (TOTAL)	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signat	ure required wh	nen reinstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200		550.00	10. Election Campaign Finan Trust Fund Contribution.		00 May Be		
	ria on back)	Make Check Payab		t of State					
TITLE &	OFFICERS AND DI		12.	T	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR  Change	Addition		
TITLE .< NAME	STEEDLEY, MARIE	☐ Delete	NAME			LA Change	☐ Addition		
STREET ADDHESS	RT 4 BOX 4630		STREET ADDRESS	133	56 SW SR 47				
CITY-ST-ZIP	FT. WHITE FL		CITY-ST-ZIP	For	t White, Fl. 3	32038			
TITLE	D	☐ Delete	TITLE		•	Change	☐ Addition		
NAME	STEEDLEY, FRANK E		NAME	122	56 SW SR 47				
STREET ADDRESS CITY-ST-ZIP	RT 4 BOX 4630 FT. WHITE FL		STREET ADDRESS CITY-ST-ZIP	G Y		32038			
TITLE	· · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE	Cear	etary	Change	Addition		
NAME	•		NAME	Creu	us Kellu				
STREET ADDRESS			STREET ADDRESS	1335					
CITY-ST-ZIP			CITY-ST-ZIP	For	t white, Fl. ?	<u>32038                                   </u>			
TITLE		☐ Delete	TITLE			☐ Change	Addition !		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	**		CITY-ST-ZIP						
TITLE	249 P V/ 5 A 12.	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	The state of the s		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			(T) Observe			
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
13. I hereby o	certify that the information supplied with the	is filing does not qualify for	the exemption sta	ted in Secti	on 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information		

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR