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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086850 (3)

STOSH CONSTRUCTION SERVICE, INC.

Principal Place of Business Mailing Address 6960 52ND WAY NORTH 6960 52ND WAY NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/0</u>1/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 59-3213787 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STOYAKEVYTCH, GREGORY M 6960 52ND WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34885 83 84 City Zip Code 11. Pursuant to the provisions of Sections 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 Signature, typod or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 1.1 TITLE Addition NAME STOYAKEVYTCH, GREGORY M 1.2 NAME STREET ADDRESS **6960 52ND WAY NORTH** 1.3 STREET ADDRESS PINELLAS PARK FL 34665 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition STOYAKEVYTCH, LAURA J. NAME 2.2 NAME **696**0 52ND WAY NORTH STREET ADDRESS 23 STREET ADDRESS **PINELLAS PARK FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition **STOYAKEVYTCH, LAURA J.** NAME 3.2 NAME **696**0 52ND WAY NORTH STREET ADDRESS 3.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

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 supplied in the state of the conformation of the conformation of the conformation of the receiver in trustee proposes do execute and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation of the receiver in trustee proposes do execut, this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2-34-98

812-525-3154

FILED

Apr 28 1998 8:00am

Secretary of State