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

P94000013060 (6) DOCUMENT

FORUS CONSTRUCTION SERVICES, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18490 SE 110TH ST. RT. 3 BOX 609 OCKLAWAHA FL 32179 OCKLAWAHA FL 32178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3225336 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible □ Ño 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name CERRATO, DANIEL T RT. 3, BOX 609 Street Address (P.O. Box Number is Not Acceptable) 82 18490 S.E. 110TH ST. 83 OCKLAWAHA FL 32179 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TIT: F CERRATO, DANIEL T CR2E034 1.2 NAME NAME RT. 3, BOX 609 STREET ADDRESS 1.3 STREET ADDRESS OCKLAWAHA FL 32179 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CERRATO, SANDRA L NAME 22 NAME RT. 3, BOX 609 STREET ADDRESS 2.3 STREET ADDRESS OCKLAWAHA FL 32179 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 700002475986 Gange -04/01/98--01093--046 DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 City-St-ZiP

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 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.

12-25-90