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

Mailing Address

2480 S.E. SHIPPING RD.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business 2460 S.E. SHIPPING RD.

DOCUMENT # P94000022172 (8)

MOTSETT CONSTRUCTION & DEVELOPMENT, INC.

PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-5329 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1994 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3231608 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 23 Trust Fund Contribution 28 Added to Fees Country Zio Country Zip 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOTSETT, W. JAMES JR. 2460 S.E. SHIPPING RD. 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ DELETE Change Addition TITLE 1.1 TITLE MOTSETT, W. JAMES JR. NAME 1.2 NAME 2460 S.E. SHIPPING RD. STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACIDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE 10 LE **3.3 STREET ADDRESS** STREET ADDRESS CITY - S1 - ZIP 34. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE 4.2 NAME NAME STREET AODRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Addition DELETE ☐ Change 51 TITLE TIFLE 5.2 NAME NAME STREET AODRESS **5.3 STREET ADDRESS** CITY-ST-7IP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY - \$1 - 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

FILED Feb 11 1997 8:00am Secretary of State

