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

P94000023912 (6) DOCUMENT

Principal Place of Business Mailing Address 1771 23RD STREET SW 1771 23RD STREET SW NAPLES FL 33964 NAPLES FL 33964 2. Principal Place of Business 2a. Mailing Address

FILED Jan 21 1998 8:00am Secretary of State

G. GIFFORD CONSTRUCTION CO. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1994 4. FEI Number Applied For 21 65-0474654 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. . X 5. Certificate of Status DesIred Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes IN No 3411 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GIFFORD, GREGORY L 1771 23RD STREET SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 83 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 Registered Agent signatu 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change Addition 1.1 TITLE TITLE ח GIFFORD, GREGORY L 1.2 NAME NAME 1771 23RD STREET SW 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33964 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed, onto an attachment with an address.

SIGNATURE:

URED

1/12/98

(941) 352-7720

CR2E034