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

DOCUMENT # P94000032337 (5)

FILED Mar 16 1998 8:00am Secretary of State

ALL CONSTRUCTION TRADES, INC.								
,								
Princip	al Place of Busin	OSS	Mailing Address			I DORRAGEN AND ADDAL DADAR ER HAL DEAR GOARD DAT	IN TEMPORAL INSTITUTE AN	
11890 N. LOGAN POINT 11890 N. LOGAN POINT								
DUNNELLON FL 34434 DUNNELLON FL 34434						DO NOT WRITE IN THIS COLOR		
					DO NOT WRITE IN THIS SPACE			
i.						3. Date Incorporated or Qualified		
9 Prin	Principal Place of Business 2a. Mailing Address					04/28/1994 4. FEI Number	1 14	policed For
21	cipai riace oi eu	5111055	26				pplied For of Applicable	
	e. Apt. #, etc.		Suite, Apt. #, etc.		59-3241026		Additional	
22			27		5. Certificate of Status Desired		equired	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be	
23]		28		Trust Fund Contribution		to Fees	
Zip	Zip Country		Zip Country		8. This corporation owes or has paid the cu	rrent year In	tangible	
24	25 29		29 3	30				□ No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
MILLS, JAMES W					Name			
6995 S.W. 204 AVE.					Street Ad	Idress (P.O. Box Number is Not Acceptable)		
DUNNELLON FL 34430]				
				83				
				84	City		85 Zip	Code
						<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agont, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						proparation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriate the purpose of the purpos	t changing to cointment as	ts registered registered
ag	ent. I am familiar	with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statutes	S.			
SIGNA	TURE	was management of the control of the						1
			Registered Agent signature require 13.		autred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIBECTOR	90 IN 10	
12.	Īρ	P DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME		MILLS, HERMAN L		1.2 NAME				
	REET ADDRESS 10065 N. LINDON DR.			1.3 STREET ADDRESS				
	OFFICE ADDITION FL ALLAL			1.4 City-St-Zip				
CITY-ST-	V	O OF FILL OF TOT	DELETE	2.1 TITLE			Change	Addition
NAME	ι,	, RICHARD W		2.2 NAME	1		_ ,	
	EET ADDRESS 1655 W. ST.ELIZABETH PL.			2.3 STREET	ADDRESS			
	ry-SI-ZIP CITRUS SPRINGS FL 34434			2. 4 CITY - ST - ZIP				
TITLE			DELETE	3.1 Title			Change	Addition
NAME	MILLS, JAMES W		_	3.2 NAME			-	İ
1	ET ADDRESS 6995 S.W. 204TH AVE.			3.3 STREET	ADDRESS			Ì
CITY-SI-	DIMINITE ON THE ALLON			3.4. CITY-ST-ZIP		•		
TITLE			☐ DELETE	4.1 TOTLE			Change	Addition
NAME				4. 2 NAME				ļ
STREET AL	DDAESS			4.3 STREET	ADDRESS]
CITY-SI-	ZIP			4.4 CITY-S	T- 21P			
TITLE	LE .		DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME	i			ļ
STREET AL	DORESS			53 STREET	ADDRESS			`
CITY-ST-			5.4 City-St-ZiP					
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET AL	DORESS			6.3 STREET	ADDRESS			ļ
CITY-ST-	ZIP			6.4 CITY - S	T-ZIP			

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