

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037648 (0)**

1. Corporation Name

FULTON CONSTRUCTION CO., INC.



Principal Place of Business 13920 58TH STREET NORTH SUITE 1005 CLEARWATER FL 34620 US	Mailing Address P O BOX 10095 STE. 106 LARGO FL 34643 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3257785

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 **8343 Wrensway Pass**

Suite, Apt. #, etc.

22 **Large FL**

City & State

23 **Large FL**

Zip

24 **33773**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 10095**

Suite, Apt. #, etc.

27 **Large FL**

City & State

28 **Large FL**

Zip

29 **33773**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FULTON, ROBERT S
13920-58TH STREET NORTH
SUITE 1005
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name	Robert S. Fulton
82 Street Address (P.O. Box Number is Not Acceptable)	8343 Wrensway Pass
83	
84 City	Large FL
85 Zip Code	33773

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

Robert S. Fulton / President

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

4/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FULTON, ROBERT S	
STREET ADDRESS	13920 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 34620	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fulton Robert S.	
1.3 STREET ADDRESS	8343 Wrensway Pass	
1.4 CITY-ST-ZIP	Large FL 33773	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

SIGNATURE:

Robert S. Fulton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/98

DATE

813-530-0517

Daytime Phone # 0404354

CR2E034 (10/97)