## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P94000052909 (6) **DOCUMENT #** 

## ALLEN DAMRON CONSTRUCTION COMPANY

## **FILED** Jul 16 1998 8:00am Secretary of State



Principal Plac		Mail	ing Address				]	<b>9</b> #111 <b>8416</b> 1 <b>8</b>	JELO 14000 (80)	98119 1911 <b>18</b> 91	
7903 DARLINGTON OFFICIE LAKELAND FL 33809				7903 DARLINGTON CIRCLE LAKELAND FL 33809				DO NOT WRITE	E IN THIS	SPACE	
								3. Date incorporated or Qualified 07/14/1994	IN THO	<u> </u>	
2. Principal Place of Business 2a, Mailing Address								4. FEI Number Applied Fo			pplied For
21				26				59-3254799		N	ot Applicable
Suite, Apt. #, etc, Suite, Apt. #, etc.								5. Certificate of Status Desired	<u> </u>	\$8.75	Additional
27								3. Certificate of Status Desired		Fee R	equired
City & Stat	te	City & State				6. Election Campaign Financing	$\Box$		May Be		
23				28				Trust Fund Contribution			to Fees
	Zip Country		<u></u>	Zip Counti				8. This corporation owes or has paid the current year intangible			
24	9. Name and Address of Current Regist			30			· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
DVA			nuaur Kadiste	neu Agent		81 h	Name	To. Name and Address of New Ke	Alaratad v	(Sauc	<u> </u>
BYWATER, JOSEPH G 2000 E EDGEWOOD DR, 108B						- Name					
	ELAND FL 3						Street Addres	t Address (P.O. Box Number is Not Acceptable)			
					[8	33					
					1	34 (	City		FL	<b>85</b> Zip	Code
office or	registered an	ent or both in the :	State of Florida	.1508, Florida Statute s. Such change was section 607.0505, Fl	authorized.	by the	med corpora e corporation	tion submits this statement for the purp is board of directors. I hereby accept	pose of cha the appoin	anging its re itment as re	egistered egistered
SIGNATURE		,	,								
		or printed name of registers				d Agen	t signature require	ed when reinstating)	DATE		
12.		OFFICER	S AND DIREC	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFI			
TITLE	D	DCDDA I		DELETE	1.1 TITL				b	Change	Addition
NAME	Da <b>m</b> ron, 76 <b>16</b> Gre				1.2 NAM		nac	O BARLING TOLL ALL	10 I E		
STREET ADDRESS		D FL 33809						3 DARLINGTON CIR			
CITY-ST-ZIP TITLE	CARDAIL	7 T L 93003		DELETE	1.4 CITY 2.1 TITL				Г	7.05	
NAME				[] DELETE	2.2 NAM				L	Change	Addition
STREET ADDRESS					2.3 STRE		DRESS			. :	
CITY-ST-ZIP					2.4 CITY						
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NAME					3.2 NAM	Ė			L	-,ungo	
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STREET ADDRESS					4.3 STRE	ET ADI	DRESS				
CITY-ST-ZIP					4.4 CITY	ST-ZIP	,			·	
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NAME					5.2 NAM	E					
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CITY-ST-ZIP					5.4 CITY		·				
TITLE				DELETE	6.1 TITU					Change	Addition
NAME					6.2 NAM	Ε					
STREET ADDRESS					6.3 STRE	ETADI	DRESS				
CITY-ST-ZIP	l				6.4 CITY	-ST-ZIP	<b>.</b>				

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 withy an address.

STILL THE BAR BANTIST TO

7-9-98 941-853-9700