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 # P9400056031 (5)

BILL COTTON CONSTRUCTION, INC.

Principal Place of Business Mailing Address
6410 5TH ST 6410 5TH ST

FILED Feb 11 1998 8:00am Secretary of State



6410 57H KEY WEST		6410 5TH \$T. KEY WEST FL 33040)		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 07/28/1994	S SPACE
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0515745	Not Applicable	
22		27 Suite, Apt. #, etc.	├ ¬ '		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	71p 29	9 30		This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible
g. Name and Address of Current Registered Agent					10. Name and Address of New Registers	d Agent
WILLIAM F. COTTON, JR.				1 Name		
	516 17TH TERRACE KEY WEST FL 33040		8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
•			8	3		
			84	4 City	F	85 Zip Code
I Office or i	egistered ageni, or both, in the Stat	e of Florida. Such change was	authorized b	ov the coroor	prporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés. SIGNATURE						
DIGITATIONE	Signature, typed or printed name of registered as	gent and title it applicable (NC	ITE Registered A	gent signature req	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	OP WILLIAM E ID	☐ DELETE	1.1 TITLE			Change Addition
NAME OTROST ADDRESS	COTTON, WILLIAM F JR. 6410 5TH ST.		1.2 NAME	1		
STREET ADDRESS	KEY WEST FL 33040		1	T ADDRESS		ļ
CITY-ST-ZIP TITLE	NC1 17201 1 2 03040	☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change Addition
NAME			2.2 NAME			Cuaude T Woolling
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	ļ		
TITLE		DELETE	3.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		Í
THTLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		T per pen	5.4 CITY-	ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		1
CITY-ST-ZIP			6.4 CITY -	S1-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.

DIGHTHER ONE - PROME