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 # P9400065465 (4)

AMERICAN CONSTRUCTION, INC.

FILED Mar 03 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | s tabrisati sin reiti dibit betit detti datti betta Atter attit eresa atter enst jest. | | | |
|---|-------------------------------|--------------------------------|------------------------------------|---|-----------------------------|--|--|--------------|--------------|--|
| 1419 REID STREET P.O. BOX 2644 | | | | | | | | | | |
| PALATKA FL 32177 | | PALATKA FL 32178 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | 3. Date Incorporated or Qualif | | JI NOL | | |
| | | | | | | 08/31/1994 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | T A | plied For | |
| 21 | | 26 | | | 59-3262476 | | } | t Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | . 🗆 | \$8.75 | | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | | Fee Re | equired | |
| City & State | 9 | City & State | City & State | | | 6. Election Campaign Financin | ng | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip | Country | Zip | _ | untry | | 8. This corporation owes or ha | | | | |
| 24 | 25 | 29 | 30 | - | | Personal Property Tax due | | | No | |
| | 9, Name and Address of Curren | t Registered Agent | B1 | Mana | 10. Name and Address of Nev | v Hegistered | Agent | | | |
| WOODS, JOHN A | | | | | Name | | | | | |
| 1419 REID STREET | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PALATKA FL 32177 | | | | В3 | | | | | | |
| | | | | 153 | | | | | | |
| | | | | 84 | City | | | 85 Zip | Code | |
| | - d | O and CO7 4500 Florido Ctatuta | a tha | | namad | corporation authority this statement for | FL. | changing it | e registered | |
| 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 Signature, typod or printed name of registered agent and title (I applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO C | | DIRECTOR | RS IN 12 | |
| TITLE | PO | ☐ DELE TÉ | 1.11 | TITLE | | | | Change | Addition | |
| NAME | WOODS, JOHN A | | 1.2 (| NAME | | | | | | |
| STREET ADDRESS | ROUTE #4, BOX #334 | | 1.3 S | | address | | | | | |
| CITY-ST-ZIP | PALATKA FL 32177 | | 1.4 CITY-ST-ZIP | | r-ZIP | | | | | |
| TITLE | VPSD DELETE | | 2.11 | 2.1 TITLE | | | | Change | Addition | |
| NAME | DUKE, RICHARD L | | 2.21 | 2.2 NAME | | | | | ٠. | |
| STREET ADDRESS | ROUTE #5, BOX #2004 | | 2.3 5 | STREET | address | | | | • | |
| CITY-ST-ZIP | PALATKA FL | | 2. 4 | CITY-S | T-ZIP | | | | | |
| TITLE | TD | ∐ DELETE | 3.1 1 | TITLE | | | | Change | Addition | |
| NAME | MITCHELL, ROBERT J | | 3.2 1 | NAME | | | | | | |
| STREET ADDRESS | ROUTE #2, BOX #120 | | 3,3 STREET ADDRESS | | ADDRESS | : · | | | | |
| CITY-ST-ZIP | CRESCENT CITY FL 32112 | | | CITY-S | T-ZIP | | | | 1 4450 | |
| TITLE | | ☐ DELET E | | TITLE | | | | L Change | Addition | |
| NAME | | | | NAME | | | | | ŀ | |
| STREET ADDRESS | | | | | ADDRESS | 4 | | | | |
| CITY-ST-ZIP | | DELETE | | CITY - ST | - ZIP | | | Change | ☐ Addition | |
| TITLE | | | | 5.1 TITLE | | | | — Origings | T Variation | |
| NAME | | | | NAME | 1 DODGGG | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | DELETE | | CITY-SI | - ZIP | | | ☐ Change | Addition | |
| TITLE | | ☐ Destite | | TITLE | | | | ட வளமு | Fidurion | |
| NAME | | | | NAME | ADDDCCC | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | | | 6.4 (| 311Y-S | - <u>/</u> IP | | | | | |

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 chapted, or on an attachment with an address.