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 # P94000068469 (3)

BRISCOE CONSTRUCTION, INC.

FILED Jan 20 1998 8:00am Secretary of State

|--|

			THE RESIDENCE	<u> </u>		
Principal Plac		Mailing Address	SHOKENIEW		119 E3181 S111 O1914 S1119 1911 1881	
3606-KENT-D		OCCUPATION				
NAPLES FL 2000 34112 NAPLES FL 30002 34			112	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
				09/16/1994		
2. Principal P	iace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 28 41	SHOKENIEW DR	26 2341 SHOKE	WEW DR	65-0520800	Not Applicable	
Suite, Apt.	∉, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 N > 4	مراوع	27		b. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		Election Campaign Financing	\$5.00 May Be	
23 FL		28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Trust Fund Contribution L	Added to Fees	
Zip 214 117	Country	- Zip 34112-	Country GW: 4.	8. This corporation owes or has paid the		
24 34112	9, Name and Address of Curren	29 PL 3116 30	o Coura.	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No	
		It neglistered Agent	81 Name	10. Hallie and Address of Hen Fregrat	oled Agent	
	ISCOE, THOMAS R					
3 600 KENT DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34112			83 00	11 (1)		
			28	11 SHOREVIEW DRI	v13	
	`_		84 City		FL SUIT.	
11. Pursuant to the provisions of Specions 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 add accept the obt						
SIGNATURE 1/5/97						
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if applicable (NOTE: F	legistered Agent signature requ	uired when reinstating) D	ATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	i	Change Addition	
NAME	BRISCOE, THOMAS R	l	1.2 NAME	2841 SHOREVIEW S	אצועצ	
STREET ADDRESS	9000 KENT DR	!	1.3 STREET ADDRESS	2841 SHOREVIEW O Harles, PL 34112		
CITY-ST-ZIP	NAPLES FL	- Devete	1.4 CITY-ST-ZIP	Mbp425, PC 39116		
TITLE		☐ DELETE	2.1 TITLE	•	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS		ļ	2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETÉ	2. 4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE		T CHANGE T MODIFICIAL	
NAME CYPECT APPROVED			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
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NAME		L. Decent	4.1 HILE 4. 2 NAME		ET Anguilla	
STREET ADDRESS			4.3 STREET ADDRESS			
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NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
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CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		Proces	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS]	
!			6.4 CITY-ST-ZIP			
CITY-ST-ZIP [D.4 CHT-31-21F	A		

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 supplierental 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 truly is 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 or an attachment of the corporation or the corporation of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rece