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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076854 (6)

INTEGRITY CONTRACTORS, INC.

Principal Place of Business	Mailing Address		
2201-W: NINE MILE ROAD PENGAGOLA FL 33634 US	2201 W. NINE AULE ROAD Pensagola Fl 8253 4 Us		

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		a ibariogi sid ibite gratt dbitt austr aditt aditt	IRBID GIIĐI IĐIĐI ĐIHIL ĐIĐI IĐĐI		
2201-W-18NE	- MILE ROAD	2201 W. NINE MILE ROAD	1	1			
PENGAGOLA-I	Ft-83634	PENSAGOLA FL 82534.		DO NOT WEITE IN T	10 00 0C		
US		US		DO NOT WRITE IN TH	115 SPACE		
				 Date Incorporated or Qualified 10/12/1994 			
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 5800	Commerce Rd.	26 5800 Comm.	eru Rd.	59-3276636	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Continuate of Ottales Desired	Fee Required		
City & State		City & State	 .	6. Election Campaign Financing	\$5.00 May Be		
23 Milt			FL	Trust Fund Contribution	Added to Fees		
^{Zip} 3λ58	Country	^{Zip} 32583	Country	8. This corporation owes or has paid the			
24 3338	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No		
014		ut Hegistered Agent	81 Name	10. Name and Aduless of New Register	ea văeur		
OMITTI, OTEVER W							
	O COLUMBIA AVE.			Address (P.O. Box Number is Not Acceptable)			
MIL	TON FL 32570		54 83	95 Cottonwood Dr.			
			80				
			84 City		85 Zip Code		
				•	· L		
11. Pursuant t	to the provisions of Sections 607,05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute: a of Florida, Such change was a:	s, the above-named	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statutes.		appointment of regional		
SIGNATURE							
	Signature, typed or printed name of registered ag		Registered Agent signature				
12.	PD OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			
TIFLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.1 TITLE		Change Addition		
NAME	SMITH, STEVEN M		1.2 NAME	CHOC CH			
STREET ADDRESS	2201 W. NINE MILE ROAD - PENSAGOLA FL 32534		1.3 STREET ADDRESS	5495 Cottonwood Dr.			
CITY-ST-ZIP	VPD	D print	1.4 CITY - ST - ZIP	milton FL 32570	V 1.00		
TITLE	, ,, ,	⊠ DELETE	21 TITLE	T 0	Change Maddition		
NAME	SMITH, DALE N		2.2 NAME	Ron Carpenter			
STREET ADDRESS	2261 W NINE MILE RD		2.3 STREET ADDRESS	701 Lakeshore Dr.			
CITY+ST-ZIP	PENSACOLA FL		2. 4 CITY - ST - ZIP	milton PL 32570			
TITLE		☐ DELETE	3 1 TITLE	S	Change Addition		
NAME			3.2 NAME	Richard Darby			
STREET ADDRESS			3.3 STREET ADDRESS	209 Lee St. '			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Milton FL 32570			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP]		
TITLE		DELETE	61 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
	ertify that the information supplied v	with this filing does not qualify for		d 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: V & m. Smith

V4/27/98 850 983.3030