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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082082 (6)

UNDER CONSTRUCTION COMPANY, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 980 ROGERO ROAD #5/6 960 ROGERO ROAD #5/6 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Aplied For 21 26 59-3273629 Nt Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75\dditlonal 5. Certificate of Status Desired 22 Fee Bouired 27 City & State City & State \$5.0 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Adde to Fees Country Country Zip 8. This corporation owes or has paid the current year trangible **X** No 24 Yes 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEARS, CHARLES A 3616 EMERSON STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City 2b Code 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 changin 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 appointments registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and rule if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Chage **Be**rger, Buzz NAME 1.2 NAME 7900 E BAYMEADOWS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Cange Addition 2.1 TITLE **\$CHRAGER, BILL** NAME 2.2 NAME 2160 MAYPORT ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32233 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- 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 cirtify 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 true a expowered 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.

address.