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

	MENT # P940(FLOYD CONSTRUCTION,)			RALANDA RART IIKA BADA MADA
Principal Place of Business 5172 SUNNYDALE CIRCLE WEST SARASOTA FL 34233		Mailing Address 5172 SUNNYDALE CIRCLE WEST SARASOTA FL 34233		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/02/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
26		26			65-0537145	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the c	
14	25	29	30	-	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registere	d Agent
MACRIS, STEVEN W 609 SOUTH TAMIAMI TRAIL VENICE FL 34285			8			
			8	_l	fress (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City	F	85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of sections 607.c registered agent, or both, in the Starm familiar with, and accept the ob- Signature, typed or printed name of registered				poration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate when reinstaling)	or changing its registered ppointment as registered
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	FLOYD, MICHAEL K		1.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233			-ST-ZIP		
TOTLE	D	DELETE	2.1 TITLE			☐ Change ☐ Addition
HAME	FLOYD, LISA B	A distriction	2.2 NAMI	1		
STREET ADDRESS	5172 SUNNYDALE CIRCLE	WEST	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		2. 4 CITY			
TITLE	DELETE		3.1 TITLE	ł		Change Addition
NAME			3.2 NAMI	:		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	☐ DELETE		4.1 TITLE	ļ		Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		

6.4 CITY-ST-ZIP 14. Thereby 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 chapter 60, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

DELETE

FILED

May 12 1998 8:00am

Secretary of State

■ Addition