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 # P94000089785 (7)

WARREN STINCER CONSTRUCTION, INC.

Mailing Address

FILED May 07 1998 8:00am Secretary of State



i intolpari sa	20 OI DUSIII033	Mailing Addit	700			
1117 COLLETON DRIVE SARASOTA FL 34234			P.O. BOX 706 TALLEVAST FL 34270			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/07/1994
2. Principal !	Place of Business	2a. Mailing Ad	ddress		••••	4. FEI Number Applied For
21	Tage of Boomos	26	J. J			65-0542840 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			CO 75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State		— F— `	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country Zip		Country		Trust Fund Contribution LJ Added to Fees	
—	····	Zφ		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\square\) No
24	25	29 29 Ager		30		10, Name and Address of New Registered Agent
		on noglocolog ngo		81	Name	
	TINCER, WARREN G				1 100710	
	117 COLLETON DRIVE ARASOTA FL 34234		82 Street			et Address (P.O. Box Number is Not Acceptable)
3/	ANAGOTA FE 04204			83		
				84	City	85 Zip Code
				1		
11. Pursuani	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607,1508, Fl	orida Statut	tes, the abov	e-name	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. 1	am familiar with, and accept the ob	ligations of, Section 6	07.0505, Flo	orida Statute	S.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typed or printed name of registered		avol	U . Osmista		ture required when reinstating) DATE .
12.		AND DIRECTORS	(NC)	13.	ent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VS		DELETE	1.1 TITLE		Change Addition
NAME	STINCER, JANET R.	_	-	1.2 NAME		
STREET ADDRESS	1117 COLLETON DRIVE			1.3 STREET	ANNDERG	
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-5		
TITLE	0.001.0077.1.2		DELETE	2.1 TITLE	71 - 24	☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS	i			2.3 STREET	ADDRESS	e l
CITY+ST-ZIP				2. 4 CITY-		
TITLE			DELETE	3.1 TITLE	31-61	☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS	1			3.3 STREET	ADDRESS	s
CITY-ST-ZIP				3.4. CITY -		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	s
CITY-ST-ZIP				4.4 CITY - S	T-ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME	l			5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	s
CITY-ST-ZIP				5.4 CITY - S	T-ZIP	
TITLE			DELETE	6.1 TATLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	s
CITY-ST-ZIP				6.4 CITY - 5	17-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 occeivor 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 phanged, or on an attachment with an address.