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

PROFIT CORPORATION ANNUAL REPORT

1998

MALLE

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 05 1998 8:00am

Secretary of State

DOCUMENT # P95000011274 (4)

LOTT CONSTRUCTION CLEANUP, INC.

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Principal Place of Business Mailing Address								
584 MAGNO WINTER GA	olia Arden fl 3478	87		564 Magnolia Winter Garden FL 34787				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								02/09/1995
B. Balandanak	Disease of Dive		2a Mailie	o Addrose				4. FEI Number Applied For
	Place of Busi	ness	⊢ ;	2a. Mailing Address				59-3289311 Not Applicable
21			26					
Suite, Ap	ot. #, e tc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred
22				City & State				
City & Sta	ate		<u></u>	<u>├</u> ┐ '				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		1 6		Z _{1D} Country				
Zip		Country	Zφ		 -	riu y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 29 B. Name and Address of Current Registered					30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			irrent Hegistered	Agent		B1	Name	
LOTT, JAMES						"	ivame	
	64 M AGNOL					62	Street A	Address (P.O. Box Number is Not Acceptable)
٧	yinter gar	IDEN FL 34787				L		
						63		
						64	City	85 Zip Code
							'	FL T T
11. Pursuar	nt to the provis	sions of Sections 607	7.0502 and 607.150	8, Florida Statu	les, the a	bove	e-named	corporation submits this statement for the purpose of changing its registered
l office o	r regi st ered a	gent, or both, in the : with, and accept the o	State of Florida, Suc	ch change was	authorize	d b\	/ the corp	rporation's board of directors. I hereby accept the appointment as registered
		nia, ana ancepi men	obligations of Decir	On 001:0005, 11	Grida Ola	olo	,,	
SIGNATURE	Signature types	d or printed name of register	ad apercand tile if applica	thle INO	If : Bearstere	d Age	on: signature	e required when reinstating) DATE
12.			S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1 TI	TLE		Change Addition
	NAME LOTT, JAMES			· ·			- 1	
STREET ADDRESS 564 MAGNOLIA							ADDRESS	
MANTED CARDEN EL 0470			1R7					
CITY-ST-ZIP	***************************************	I CHIDEIT E OT	<u> </u>	DELETE	2 1 70		ST-ZIP	Change Addition
TITLE				_ peccie				
NAME					2.2 N			
STREET ADDRESS	S						ADDRESS	
CITY+ST-ZIP			····	DEFETT		*****	ST-ZIP	Change Addition
TITLE	1			DELETE	3.1 T			Citaling - Modilloi)
NAME					3.2 N			
STREET ADDRESS	s				3.3 S	IREET	ADDRESS	
CITY-ST-ZIP	<u> </u>	···			_		ST-ZIP	
TITLE				DELETE	4.1 TI	TLE		Change Addition
NAME	1				4. 2 h	AME		
STREET ADDRESS	s				4.3 S	TREET	ADDRESS	
CITY-ST-ZIP					4.4 C	ITY - S	ST-ZIP	
TITLE				DELETE	5.1 78	TLE	*	☐ Change ☐ Addition
NAME					5.2 N	AME		
STREET ADDRESS	ا،						ADDRESS	
	۰ ا							
CITY-ST-ZIP TITLE				DELETE	5.4 C		ST-ZIP	Change Addition
(1111 <i>)</i>	1				■ D I I	, LE	- 1	

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 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 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

6.2 NAME