## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000013575 DOCUMENT # Fire Flags Building Contractors, FAC. Principal Place of Business Mailing Address 400 912 MILERD FENSACOIA FIA 6 ROX1033S PENSACOLAFIA DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2.14.95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name Robert N. Heath, Jr. 4300 Bayou Bird. #7 Rensacola, Fl 32503 62 Street Address (P.O. Box Number is Not Acceptable) 63 84 City Zip 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 changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as 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 otten applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change PRESIDENT 1.11014 ☐ Addition TITLE JOSEPH 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14 CITY+ST-ZIP Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition 11111.6 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET AUDRESS 3 4. CITY-ST-ZIP CITY - \$1 - 7/P DELETE 4.1 TITLE Change ■ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP DILFTE 5 1 1ITLE Addition muf NAMI 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 0(1Y+S1-Z6 5 4 CITY-ST-7/P DELETE Addition THLE 6.11ITLE

14. Thereby certify that the information supplied with this hing 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 changed, or on an attachment with an address

G 2 NAME

SIGNATURE:

STREET ADDRESS

C(1Y+\$1, 70)

8-31.98 850-477-2456

-09/11/98--01036--0**2**2

\*\*\*550.00

(2/98)

CR2E034