

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024092 (5)

1. Corporation Name  
ROYAL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4508 OAK FAIR BLVD  
SUITE 230  
TAMPA FL 33610

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SUITE 230  
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

59-3339897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLIN, GREGORY M  
3946 CEDAR CAY CIRCLE  
VALRICO FL 33594

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Treasurer
NAME	MOLIN, GREGORY M	1.2 NAME	Gregory M. Molin
STREET ADDRESS	3946 CEDAR CAY CIRCLE	1.3 STREET ADDRESS	3946 Cedar Cay Circle
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	V	2.1 TITLE	Vice President
NAME	CLARK, ROBERT W	2.2 NAME	Dave Haller
STREET ADDRESS	415 INDIANA AVENUE	2.3 STREET ADDRESS	1619 Carter Oaks Drive
CITY-ST-ZIP	CRYSTAL BCH FL 34681	2.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	ST	3.1 TITLE	Secretary
NAME	CASTRO, ANTONIO	3.2 NAME	Debra Panton
STREET ADDRESS	3003 MAGDALENA WOODS DR	3.3 STREET ADDRESS	1803 Blind Pond Ave
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	Lutz FL 33549
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 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 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 in an attachment with an address.

SIGNATURE:

CR2E034 (10/97)