

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P95000056774 (9)

1. Corporation Name:

A CUT ABOVE CONSTRUCTION, INC.

Principal Place of Business:

1073 WEAVER DR
OVIEDO FL 32765

Mailing Address:

1073 WEAVER DR
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

59-3335919

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 2732 UNIVERSITY ACRES DR

26 2732 UNIVERSITY ACRES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Zip

Country

Country

24 32817

29 32817

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADSEN, JILL Y.
1073 WEAVER DRIVE
OVIEDO FL 32765

81 Name

MADSEN, JILL Y.

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

2732 UNIVERSITY ACRES DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32817

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 607.0501, Florida Statutes.

SIGNATURE

Jill Y. Madsen

(NOTE: Registered Agent signature required when reinstating)

3-12-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME MADSEN, CARSTEN
STREET ADDRESS 1073 WEAVER DR
CITY-ST-ZIP OVIEDO FL

☐ DELETE

TITLE DPS
NAME MADSEN, JILL
STREET ADDRESS 1073 WEAVER DR
CITY-ST-ZIP OVIEDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE DVP
1.2 NAME MADSEN, CARSTEN
1.3 STREET ADDRESS 2732 UNIVERSITY ACRES DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32817

☒ Change ☐ Addition

2.1 TITLE DPS
2.2 NAME MADSEN, JILL Y.
2.3 STREET ADDRESS 2732 UNIVERSITY ACRES DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32817

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

Jill Y. Madsen

3-12-98

03/14/98 (407)737 9082

CR2E034 (10/97)