

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

FILED  
Apr 01 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 # P95000080576 (8)

1. Corporation Name

ROGER A. INSKIP CONSTRUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

131 SEA STREET  
NEW SMYRNA BEACH FL 32168-6122

131 SEA STREET  
NEW SMYRNA BEACH FL 32168-6122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1985

4. FEI Number

59-3439763

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

21 251 GOLF CLUB DR

Suite, Apt. #, etc.

22

City & State

23 NEW SMYRNA BEACH FL

Zip

24 32168

Country

25 USA

2a. Mailing Address

26 251 GOLF CLUB DR

Suite, Apt. #, etc.

27

City & State

28 NEW SMYRNA BEACH FL

Zip

29 32168

Country

30 USA

9. Name and Address of Current Registered Agent

INSKIP, ROGER A  
131 SEA STREET  
NEW SMYRNA BEACH FL 32168-6122

10. Name and Address of New Registered Agent

81 Name

MARY JANE INSKIP

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

251 GOLF CLUB DR

83

84 City

NEW SMYRNA BEACH

FL

85 Zip Code

32168

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

Mary Jane Inskip

Signature, typed name of registered agent and date of filing

(NOTE: Registered Agent signature required when reinstating)

3/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME INSKIP, ROGER A  
STREET ADDRESS 131 SEA STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6122

TITLE V ☒ DELETE

NAME INSKIP, KENNETH A  
STREET ADDRESS #1 FAIRWAY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE V ☒ DELETE

NAME MOLENDYK, IRVIN  
STREET ADDRESS 90 AQUA COURT  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ST ☐ DELETE

NAME INSKIP, MARY J  
STREET ADDRESS 131 SEA STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6122

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME KENNETH A. INSKIP  
1.3 STREET ADDRESS #1 FAIRWAY CIRCLE  
1.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME STD INSKIP, MARY JANE  
4.3 STREET ADDRESS 251 GOLF CLUB DR  
4.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE Mary Jane Inskip

3/28/98 904 450 5754

CR2E034 (10/97)