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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083539 (3)

## FILED May 13 1998 8:00am Secretary of State

M.P.C. CONSTRUCTION, INC. Principal Place of Business Mailing Address 16203 MEMORY LANE 16203 MEMORY LANE SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 5<u>9-3347724</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHALKER, MARC P 16203 MEMORY LANE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34610 83 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. 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE CHALKER, MARC P 1.2 NAME 16203 MEMORY LANE STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 34610 CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change ☐ Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITE F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 trustate 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.

CICMATURE.

Mark. Of

MARC P. CHAIKER

4-28-90

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