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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089162 (8)

STUISO CONSTRUCTION, INC.

Principal Place of Business Mailing Address 16039 TREE LINE DRIVE HUDSON FL 34667

16039 TREE LINE DRIVE HUDSON FL 34667

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | 3. Date Incorporated or Qualified | | | | | | | | |
|---|--------------------------------|-----------------------|--------------------------|-----------|---------------------|----------------|----------|---|-----------------------------------|------------------|--|--|----------|------------|---------------------|------------|-------------|
| 2 | Principal F | Place of Busi | ness , | 1 20 | 2a. Mailing Address | | | | | | - 4 | 11/20/1995 4. FEI Number Applied For | | | | | |
| 21 | 2. Principal Place of Business | | | 26 | <u> </u> | | | | ĺ | | | | | | | | |
| 21 | Suite, Apt. #, etc. | | | 26 | Suite, Apt. #, etc. | | | | | | | <u>59-3346975</u> | | | | | pplicable |
| 22 | | | | 27 | 27 | | | | | | 5. | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| City & State | | | | | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | | |
| 23 | | | | 28 | | | | | | | | Trust Fund Contribution | | لسا | Adde | d to F | ees |
| <u> </u> | Zip | | | | | | ountry | 5. This corporation times paid the current year | | | | | | _ ` | • | | |
| 24 25 | | | | 29 | I 11 | | | | | | | Personai Property Tax due June 30. Yes No | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | | | | 10. | Name and Address of | New Re | egistered | Agent | | |
| SCHALLES, LARRY C | | | | | | | | | | Name | | | | | | | |
| 5918 MAIN ST | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| NEW PORTT RICHEY FL 34652 | | | | | | | | | | | | | | | | | |
| | | | | | | | | 83 | | | | | | | | | |
| | | | | | | | | 84 City | | | | | | | or 7 | n Cod | lo. |
| | | | | | | | | 54 | l ' | City | | | | FL | _ 85 Z | p Cod | ie |
| 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. | | | | | | | | | | | | | | | gistered istered | | |
| SIC | SNATURE | | | | | | | | | | | | | | *** | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE, Registere 12. OFFICERS AND DIRECTORS 13. | | | | | | | | | ent : | signature requir | | | A AFE. | DATE | | 200 11 | |
| 12 | | P | OFFICERS AN | ם טואב | | DELETE | 13 | | | | | ADDITIONS/CHANGES T | O OFFIC | JERS AN | | | |
| ΤM | | • | IOUN | | | 1 DELETE | | TITLE | | | | | | | ☐ Chang | e <u>L</u> | _l Addition |
| NAM | - | STUISO | · | | | | 1.2 NAME | | | | | | | | | , | |
| STR | EET ADDRESS | | REE LINE DRIVE | | | | | 1.3 STREET ADDRESS | | | | | | | | | |
| CIT | Y-ST-ZIP | HUDSO | N FL 34667 | | | | 1.4 | CITY-S | T - 2 | ZIP | | | | | | | |
| TiTL | £ | ٧ | | | ᆫ | DELETE | 2.1 | TITLE | | | | | | | ☐ Chang | e [_ | Addition |
| NAN | NE | STUISO | , JIM | | | | 2,2 | NAME | | | | | | | | | |
| STREET ADDRESS | | 16039 TREE LINE DRIVE | | | | | | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY - ST - ZIP | | HUDSON FL 34667 | | | | | | 2. 4 CITY-ST-ZIP | | ZIP | | | | | | | |
| TITLE | | | | | | DELETE | 3.1 | TITLE | | | | | | | Chang | e [| Addition |
| NAME | | | | | | | 3.2 | NAME | | | | | | | | | ļ |
| STREET ADDRESS | | | | | | | 33 | STREET . | ΑП | DDBESS | | | | | | |] |
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| TITL | E | | | | L | DELETE | 6.1 | TITLE | | [| | | | | ☐ Change | , | Addition |
| NAM | 4E | | | | | | 6.2 | NAME | | | | | | | | | 1 |
| STR | eet address | | | | | | 6,3 | STREET / | ΑDI | DRESS | | • | | | | | İ |
| CITY | -ST-ZIP | | | | | | 6.4 | CITY-ST | - Z | ZIP | | | | | | | |
| 14. | I hereby o | ertify that the | e information supplied w | th this I | filing does | not qualify fo | or the e | xempt | ioi | n stated in | n Sectio | on 119.07(3)(i), Florida Sta | tutes. I | further co | ertify that th | ne info | rmation |

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:

1-21-98