

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

FILED
Apr 28 1998 8:00am
Secretary of State

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

DOCUMENT # P96000009887 (6)

1. Corporation Name

LOPEDITO CONSTRUCTION, INC.

Principal Place of Business

12790 AUTOMOBILE BLVD.
CLEARWATER FL 33762
US

Mailing Address

12790 AUTOMOBILE BLVD.
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 01/26/1996 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 59-3361941 |
| 24 Country | 29 Country | Applied For |
| 25 | 30 | Not Applicable |

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

59-3361941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, SHEILA E
12790 AUTOMOBILE BLVD.
CLEARWATER FL 34622-4719

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 | PTD | 1.1 TITLE | VSD |
| NAME | EVELAND, MICHAEL M | 1.2 NAME | Eveland, William P. Jr. |
| STREET ADDRESS | 6808 SEAGULL DRIVE SOUTH | 1.3 STREET ADDRESS | 6537 Pompano Place South |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | 1.4 CITY-ST-ZIP | St. Petersburg, Fl. 33707 |
| TITLE | VSD | 2.1 TITLE | |
| NAME | LOPEDITO, LOUIS M JR. | 2.2 NAME | |
| STREET ADDRESS | 10599 11TH AVE., NORTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34640 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 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 on an attachment with an address.

SIGNATURE

4-20-98

813-572-7490

CR2E034 (10/97)