

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

FILED
May 18 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 # **P96000011849 (2)**

1. Corporation Name

ADVANCED CONSTRUCTION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**2915 PINE RUN ROAD, SUITE 201
NAPLES FL 33942**

**2915 PINE RUN ROAD, SUITE 201
NAPLES FL 33942**



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|----------------------------|---------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 13180 N. Cleveland Ave. | 26 13180 N. Cleveland Ave. | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 Suite 210 | 27 Suite 210 | | |
| City & State | City & State | | |
| 23 North Fort Myers, FL | 28 North Fort Myers, FL | | |
| Zip | Zip | | |
| 24 33903 | 29 33903 | | |
| Country | Country | | |
| 25 USA | 30 USA | | |

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0646565

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Terry Wilson

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

13180 N. Cleveland Avenue

83 Suite 210

84 City

North Fort Myers

FL

85 Zip Code

33903

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 of officer or director of corporation or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

4/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GILK, DAVID | |
| STREET ADDRESS | 2915 PINE RUN ROAD, SUITE 201 | |
| CITY-ST-ZIP | NAPLES FL 33942 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WILSON, TERRY | |
| STREET ADDRESS | 2915 PINE RUN ROAD, SUITE 201 | |
| CITY-ST-ZIP | NAPLES FL 33942 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHULTZ, TERRY | |
| STREET ADDRESS | 2915 PINE RUN ROAD, SUITE 201 | |
| CITY-ST-ZIP | NAPLES FL 33942 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BURKE, CHARLOTTE | |
| STREET ADDRESS | 2915 PINE RUN ROAD, SUITE 201 | |
| CITY-ST-ZIP | NAPLES FL 33942 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PVD |
| 2.3 STREET ADDRESS | WILSON, TERRY |
| 2.4 CITY-ST-ZIP | 13180 N. CLEVELAND AVE., SUITE 210 NORTH FORT MYERS, FL 33903 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | STD |
| 4.3 STREET ADDRESS | BURKE, CHARLOTTE |
| 4.4 CITY-ST-ZIP | 13180 N. CLEVELAND AVE., SUITE 210 NORTH FORT MYERS, FL 33903 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 any attachment with an address.

SIGNATURE

[Signature]

Terry Wilson, President

[Signature]

(941) 995-1232

CR2E034 (10/97)