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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000041563 (3) **DOCUMENT #**

MODERN CONSTRUCTION SYSTEMS, INC.

FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2204 E. VOTAW ROAD 2204 E. VOTAW ROAD APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 153 E Second Street 153 E Second Street <u>59-3438059</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Florida Florida Apopka 23 Apopka Trust Fund Contribution Added to Fees Country Zφ Country Ζıp This corporation owes or has paid the current year Intangible 32803 30 Orange 32703 25 Orange Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCNAIR, CRAIG D 81 Name 500 E. SEMORAN BLVD., #37 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 84 City Zip Code 85 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 pooled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE ADAMS, GARY P NAME 1.2 NAME 2204 E. VOTAW ROAD STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 1.4 CITY - ST - ZIP □ DELETE ☐ Change Addition TITLE 2.1 TITLE MATHIELL, JOHN 2.2 NAME NAME 4041 ANNA DRIVE STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL 32703 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ADAMS, JOAN A NAME 3.2 NAME 2204 E. VOTAW ROAD STREET ADDRESS 3.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Channe Addition TITLE 4.1 Title NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST - ZIP CITY-ST-7IP

14. Thereby certify that the information supplied with this filling 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 received 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 attact ment with an address.