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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 CONSTRUCTION, INC.	0052058 (0)				
Principal Place of Business Mailing Address						
9714 HWY 390 3714 HWY 390 PANAMA CITY FL 32405 PANAMA CITY FL 32405					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/19/1996	
	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21 Culto Ant	4 44	26			59-3386780 Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Regulred	
City & Stal	te	City & State		<u> </u>	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Count	у	8. This corporation owes or has paid the current year Intangible	
24	[25]		ю		Personal Property Tax due June 30. Yes 🛂 No	
	9. Name and Address of Curren	it negistereo Agent	8	I Name	10. Name and Address of New Registered Agent	
BOYD, KEVIN 3714 HWY 390 PANAMA CITY FL 32405			L	82 Street Address (P.O. Box Number is Not Acceptable)		
			8:			
• • • • • • • • • • • • • • • • • • • •	THE SEASON		8:	3		
			84	City	ag Tip Code	
			l°.	City	FL 85 Zip Code	
agent. I a	am familiar with, and accept the obligation in the obligation of the state of the obligation of the state of the obligation of the obligat	alions of, Section 607.0505, Florid and little if applicable (NOTE: F	da Statute	es.	orporalion's board of directors. I hereby accept the appointment as registered ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BOYD, KEVIN		1.2 NAME			
STREET ADDRESS	3714 HWY 390		1.3 STREE	I ADDRESS	3 (
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY	ST-ZIP		
TITLE	V PI AIOII DAVID	DELETE	2.1 TITLE		Change Addition	
NAME	BLAICH, DAVID 2734 RAVENWOOD CT		2.2 NAME		HERNANDEZ, DARRELL	
STREET ADDRESS	LYNN HAVEN FL			T ADDRESS	8 3714 HWY 390 PANAMA CITY , FL 32405	
CITY-ST-ZIP TITLE	ST ST	DELETE	2.4 CITY 3.1 TITLE	-SI-ZIP	Change Addition	
NAME	BOYD, MAURA		3.2 NAME		- Change Addition	
STREET ADDRESS	3714 HWY 390			T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM			
STREET ADDRESS			I.	T ADDRESS	3	
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP	Change Addition	
TITLE		☐ DELETE	5.1 TITLE		Change	
NAME STREET ADDRESS			5.2 NAME	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-		' 	
	 	Delete	9.4 0111	Ot. Fit.	Change L Addition	

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.

CIGNATURE.

NAME STREET ADDRESS CITY-ST-ZIP

1/29/00

FILED

May 06 1998 8:00am

Secretary of State