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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000055327 (6)

CONSTRUCTION SERVICES UNLIMITED, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
2526 SHADECREST ROAD 2526 SHADECREST ROAD LAND O' LAKES FL 34639 LAND O' LAKES FL 34639					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/28/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4///	LANDO LAKES BLU	28 4111 LAND O	LAKES BIJ	/ . 59-3392775	Not Applicable
Suite Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 317 27 Surfc 312 City & State City & State			-		Fee Required
		((6. Election Campaign Financing	\$5.00 May Be	
Zip Zip	O LAKES AL	ZID OLAK	Country	Trust Fund Contribution	Added to Fees
24 346	39 25 USA.	29 34639 30	1	This corporation owes or has paid the curl Personal Property Tax due June 30.	rent year Intangible
1-1 0 10	g, Name and Address of Current	11	1 4 7 7 7 7	10. Name and Address of New Registered A	
ZUKOSKY, TIMOTHY 81 Name					
OFOC CHAPCOPET POAD					
LAND O' LAKES FL 34639			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
83					
ĺ			84 City	FI.	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 Laster Mill					
Signature required when reinstating) DATE Signature required when reinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TATLE	•	Change Addition
NAME	ZUKOSKY, TIMOTHY		1.2 NAME		[7
STREET ADDRESS	2528 SHADECREST ROAD		1.3 STREET ADDRESS		إ
CITY-ST-ZIP	LAND O' LAKES FL 34639 VP	DELETE	1.4 City - ST - ZIP		T
TITLE	**	L. DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME	MERRY, CHESTER		2.2 NAME		
STREET ADDRESS	13235 THERE TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ISTACHATTA FL 34636	DELETE	2. 4 CITY-\$T-ZIP		Change
NAME			3.1 TITLE		Change Addition
1 ' - 1			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME I		L. DELETE	4.1 TITLE		
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-\$T-ZIP				•	
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME					Change C Abonion
STREET ADDRESS		1	5 2 NAME		
		Į.	5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		ے مدیداد	1		Change Channel
STREET ADDRESS			6.2 NAME		
,			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 ceth; that I am an officer or director of the corporation or the receiver or trustee employered 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 applicable.

SIGNATURE:X

1 4-10-98