## 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

DOCUMENT # P96000098335 (8)

F & D CONSTRUCTION, INC.

## FILED May 08 1998 8:00am Secretary of State



						─{		
Principal Place	of Business	Mailing Address				1 10111911 110 10110 01111 00111 00111 00111 00111		
1700 MEDICAL LANE 1700 MEDICAL LANE								
FORT MYERS	FL 33907	FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	0,,,02	<u> </u>
						12/02/1996		
2. Principal Place of Business 2a, Mailing Address						4. FEI Number	Δr	plied For
21	and or bosiness	26				65-0726676	<u> </u>	ot Applicable
Suite, Apt. (	# etc	Suite, Apt. #, etc.						Additional
22	., •	27				5. Certificate of Status Desired		equired
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	•	to Fees
Zip Country		Ζφ	<b></b>			8. This corporation owes or has paid the cu	rrept year in	angible
24	25	29	30					] No
	g. Name and Address of Curre	nt Registered Agent		L.		10. Name and Address of New Registered	Agent	
DITT	TMER, FRED D			81	Name			
	O MEDICAL LANE		82 Street Ad			iress (P.O. Box Number is Not Acceptable)		
	RT MYERS FL 33907			02	Direct Music	1000 It .O. DOX NUMBER IS NOT ACCORDED TO		ĺ
101	(I MILIO I L COSO)			83			,	
							1-1	
				84	City	FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the al	bove	-named corr	poration submits this statement for the purpose of	f changing i	ts registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change w	/as authorize	d bv	the corpora	ition's board of directors. I hereby accept the app	pointment as	registered
•	manimal with, and accept the oblig	ations or, Section box Jooc	o, monda siai	เนเธอ	1.			
SIGNATURE .	Signature, typed or proded name of registered ag	on and tree capple able	(NOTE: Registere	d Age	ot signature requi	ired when reinstating) DATE		
12.		ID DIRECTORS	13.	<u>_</u>		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TI	TLE			Change	Addition
NAME			AME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP			ITY-S	T-ZIP				
TITLE	\$TD	☐ DELETE	2.1 TI	TLE			Change	☐ Addition
NAME	DITTMER, FRED D		2.2 N	AME				ŧ
STREET ADDRESS	1700 MEDICAL LANE	2:		2.3 STREET ADDRESS				]
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				1
TITLE	DELETE			3.1 TITLE			Change	☐ Addition
NAME			3.2 N					
STREET ADDRESS			3.3 \$	IREE T	ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE					Change	Addition
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S				
TITLE		DELETE				-	Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY - 5				
TITLE		DELETE					Change	☐ Addition
NAME			6.2 N	AME			-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	ITY-S				
14. I hereby o	ertify that the information supplied v	vith this filing does not qual				n Section 119.07(3)(i), Florida Statutes. I further course shall have the same legal effect as if made up	ertify that the	information
indicated	on this consult connect or consultament	of appual report is true and	accurate an	d the	at my eignati	are shall have the same legal effect as if made up	orier cath: th	atlem an

4. 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 suppliemental 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 trustes 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.

30/98 941-936959