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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000009294 (4) DOCUMENT #

A.S.M. CONSTRUCTION, INC.

Principal Place of Business Mailing Address 764 JORDON CT P.O. BOX 1076

FILED Jan 26 1998 8:00am Secretary of State



OVIEDO FL ALTAMONTE SPRINGS FL 32715 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3425605 21 26 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPECK, MICHAEL 1912-B LEE RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 83 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 Fiorida. 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 printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MAIR, AL NAME 1.2 NAME **72E034** 764 JORDON CT STREET ADDRESS 1.3 STREET ADDRESS OVIEDO FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MAIR, AL NAME 2.2 NAME 764 JORDON CT STREET ADDRESS 2.3 STREET ADDRESS OVIEDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change ___ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 about 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.

SIGNATURE:

CIGNATURE RECTUR

1-10-08