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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

289 N LAKE LULU DR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Change

Change

941) 197-5300

4/29/44

Addition

☐ Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010240 (4)

PROJECT MANAGEMENT & CONSTRUCTION CONSULTANTS, I NC.

Mailing Address

289 N LAKE LULU DR

DELETE

DELETE

WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 2ip 8. This corporation owes or has paid the current year Intangible 24 ☐ No Yes 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name DUNN, KENNY 289 N LAKE LULU DR Street Address WINTER HAVEN FL 33880 83 84 11. Pursuant to the pro-office or registered agent. I am familiar statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent ONALD SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE X Change Addition 1.2 NAME Michael Work STREET ADDRESS 1.3 STREET ADDRESS 4 Haven, Pr 33880 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME be buln book STREET ADDRESS 2.3 STREET ADDRESS oven, Pr 33800 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE ☐ Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP

5.1 THILE

5.2 NAME

6.1 TITLE

6.2 NAME

14. Thereby certify that the information adoption 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 angular 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 occupation or the receiver or the section of the occupation or the receiver or the section of the occupation of the receiver or the section of the occupation of the section of the occupation of the occupation of the section of the occupation of the

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP