

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 # P97000013506 (5)

1. Corporation Name

CONSOLIDATED CONSTRUCTION SERVICES & ASSOCIATES,
INC..

Principal Place of Business

PO BOX 242
DESTIN FL 32540

Mailing Address

PO BOX 242
DESTIN FL 32540

FILED
Apr 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

4. FEI Number

59-3424947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7 Calhoun Ave

Suite, Apt. #, etc.

22

City & State

23 Destin FL

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 P.O. Box 242

Suite, Apt. #, etc.

27

City & State

28 Destin FL

Zip

29 32540

Country

30 USA

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

MARILYN SIDES

82 Street Address (P.O. Box Number is Not Acceptable)

7 Calhoun Ave

83

84 City

Destin

FL

85 Zip Code

32541

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

Marilyn Sides

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-98

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SIDES, MARILYN E

STREET ADDRESS 7 CROSS CT

CITY-ST-ZIP DESTIN FL 32541 32540

TITLE ☐ DELETE

NAME V.P.

STREET ADDRESS Dorsey E. Wallace

CITY-ST-ZIP 4757 River Road Trl

Destin, FL

TITLE ☐ DELETE

NAME Sides

STREET ADDRESS Thomas H. Sides

CITY-ST-ZIP P.O. Box 242 7 Cross Ct

Destin, FL 32540

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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

SIGNATURE:

Marilyn Sides

3-4-98

CR2E034 (10/97)