

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000014304 (4)**

1. Corporation Name

ROBERT K. LOOBY JR. CONSTRUCTION INC.

FILED
Sep 17 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
1103 S.W. MEADOW COURT PALM CITY FL 34990		1103 S.W. MEADOW COURT PALM CITY FL 34990	
2. Principal Place of Business		2a. Mailing Address	
21 1409 SW IBIS STREET Suite, Apt. #, etc.		26 1409 SW IBIS Suite, Apt. #, etc.	
22 City & State 23 Palm City FL Zip 34990		27 City & State 28 Palm City FL Zip 34990	
24	Country 25 Martin	29	Country 30 Martin
9. Name and Address of Current Registered Agent			
LOOBY, ROBERT K JR. 1103 S.W. MEADOW COURT PALM CITY FL 34990			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City 85 Zip Code FL			
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		Signature, typed or printed name of registered agent and type if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert K. Looby Jr		1.2 NAME	
STREET ADDRESS	1409 SW IBIS ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	
TITLE	Vice President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Looby		2.2 NAME	
STREET ADDRESS	936 34th Terris		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			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 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: *Robert K. Looby Jr.*

7-30-98 (501) 283-1058

CR2E034 (5/98)