

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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P97000025459 (3)

1. Corporation Name

SIRCHMIT PRECONSTRUCTION SERVICES, INC.

Principal Place of Business

5610 19TH AVE SO
GULFPORT FL 33707

Mailing Address

5610 19TH AVE SO
GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3436439

☒ 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 5610 - 19th Ave. So.

Suite, Apt. #, etc.

22 N/A

City & State

23 Gulfport, Fl. 33707

Zip

24 33707

Country

25 USA

2a. Mailing Address

26 5610 - 19th Ave. So.

Suite, Apt. #, etc.

27 N/A

City & State

28 Gulfport, Fl. 33707

Zip

29 33707

Country

30 USA

9. Name and Address of Current Registered Agent

WHITTUM, CHRISTINE
5610 19TH AVE SO
GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name
Whittum, Christine

82 Street Address (P.O. Box Number is Not Acceptable)
5610 - 19th Ave. So.

83

84 City

Gulfport

FL

85 33707

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 Christine Whittum

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WHITTUM, CHRISTINE

STREET ADDRESS 5610 19TH AVE SO

CITY-ST-ZIP GULFPORT FL 33707

TITLE VD ☐ DELETE

NAME COPPOLA, TIMOTHY

STREET ADDRESS 5610 19TH AVE SO

CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Christine Whittum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 345-1764

Daytime Phone # 0001506

CR2E034 (10/97)