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FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028019

1. Corporation Name

Complex Construction Management, Inc.

Principal Place of Business

Mailing Address

610 N. Duval St.
Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-27-97

2. Principal Place of Business

2a. Mailing Address

21 216 W. College Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 201

27

City & State

City & State

23 Tallahassee, FL

28

Zip

Country

Zip

Country

24 32301

25

29

30

4. FEI Number

59-3438947

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William E. Whitlock, III
610 N. Duval Street
Tallahassee, FL 32301

81 Name

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

83

84 City

FL

85 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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Pres/Sec/Treas ☒ DELETE
NAME Thomas Somerville

STREET ADDRESS 28300 SR 880
CITY-ST-ZIP Belle Glade, FL 33430

TITLE President ☐ DELETE
NAME Peter VanDercreek

STREET ADDRESS 216 W. College Ave., Ste 201
CITY-ST-ZIP Tallahassee, FL 32301 ☐ DELETE

TITLE Director ☐ DELETE
NAME Howard H. Hewitt

STREET ADDRESS P. O. Box 490697 2020 Portobello
CITY-ST-ZIP Leesburg, FL 34749 SAME

TITLE Director ☐ DELETE
NAME William E. Whitlock

STREET ADDRESS 610 N. Duval St.
CITY-ST-ZIP Tallahassee, FL 32303 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

Peter VanDercreek 4-30-98 (850) 425-5000

CR2E034 (10/97)