## 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

•	MEN # P9700( TO CONSTRUCTION, INC.	J038335 (U)	<b>6</b> 4"	ſ			
Principal Place of Business		Mailing Address	<del>-</del>			14461 18184 41148 41464 6141 LADI	
7837 WHITMII PENSACOLA		7837 WHITMIRE DRIVE PENSACOLA FL 32514					
						DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
						04/28/1997	
	lace of Business	2a. Mailing Address				4. FEI Number 59-3459005	Applied For
Suite, Apt.	#. etc	26   Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	City & Stale			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		<b>├</b>	Country		8. This corporation owes or has paid the	
24 26 29 39  9. Name and Address of Current Registered Agent			30			Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
OLMEDO, ALBERTO				Name	<del></del>	19. Name and Addies of New Hogistele	a Agoin
7837 WHITMIRE DRIVE			8:	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32514							
			8	*			
			8-	City			85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Llorida, Such change was authorize					d corpo		<del>- 1  </del>
agent. I a	egisiered ageni, or both, in the State m familiar with, and accept the obliga	or Honda. Such change was a allions of, Section 607.0505, Fl	aumonzea t orida Statuti	oy tne co es.	rporanc	on's board or directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered age	4141.9	r. b. 2011			d when reinstating) DATE	
12.	OFFICERS AND		13.	Jeni Bigi katu	re requires	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Alberto Olmedo - Pres DELETE 7837 Whitmire De.		1.1 TITLE				☐ Change ☐ Addition
NAME	7837 Whitmire Dr.		1.2 NAME				
STREET ADDRESS	Pensacola, Fl. 30	5,4	1.3 STREET ADDRESS		1		
CITY-ST-ZIP TITLE	Asencian Place	ORIA. DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		+	······································	Change Addition
NAME	Asencion Plases	Vice p.	2.2 NAME				
STREET ADDRESS	Pensarola, Fl. 3	33514	2.3 STRE	T ADDRESS	i 📗		
CITY-ST-ZIP	IY-S1-7№		2. 4 CITY - ST - ZIP		4		The state of the s
TITLE !	Griselda Olmedo Sec DELETE 7837 whitmire ).		3.1 TITLE 3.2 NAME				Change Addition
STREET ADDRESS	RESS 7		3.3 STREET ADDRESS		,		
CITY - ST - ZIP	TY-ST-ZIP renseredu, Fl. 32514		3 4. CITY-ST-ZIP				
TITLE	Jose Villalpando	Tres DELETE	4.1 TITLE				☐ Change ☐ Addition
NAME	1723 1/2 Blackwell Ln.		4. 2 NAME				
STREET ADDRESS	Pensada, Fl. 32514			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE			4.4 CITY - ST - ZIP 5.1 TITLE		<del> </del>	Change Addition
NAME	· · · · · · · · · · · · · · · · · · ·		5.2 NAME				<del>_</del>
STREET ADDRESS	REET ADDRESS		5.3 STREET ADDRESS		,		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<u> </u>	
TITLE		DELETE	6.1 THILE				Change Addition
NAME			6.2 NAME		,	·	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		1		
WILL DI VER	L		0.4 001 (	U: EH			

14. Thereby 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 altrachment with an address.

Feb 27 1998 8:00am

Secretary of State