FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000038860 (7)

FILED May 15 1998 8:00am Secretary of State

	MENT # P9700 Name CONSTRUCTION, INC.	0038860 (7	')					
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	- I TABATODA ING KATA TODAH ODAH ODAH ODAH ODAH ODAH ODAH ODAH		
1049 PETAL COURT 1049 PETAL COURT								
ORLANDO FL 32818 ORLANDO FL 32818						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	$\overline{}$	
						04/29/1997		
2. Principal P	mag i		Mailing Address			4. FEI Number Applied	For	
26						59-344 5 4-38 Not Apr		
Suite, Apt	Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired Fee Regulre			
City & Stat	e		City & State					
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Col	ountry		8. This corporation owes or has paid the current year Intangib		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Agent			,	10. Name and Address of New Registered Agent		
SAVAGE-GASTON, JOYCE				81	Name			
801 N MAGNOLIA AVE, SUITE 402 ORLANDO FL 32803-3851				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
V .				83				
				84	City	FI 85 Zip Code		
44 0	10.10.00	10 - 1002 1/00 Delle Oct		Ļ_			542552	
agent. La SIGNATURE	Signature, typed or printed name of registers diag					poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as registation of the properties of the purpose of changing its registation of the purpose of changing its registation. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PSTD	DELETE		1.1 TITLE		The state of the s	Addition	
NAME	BRADLEY, VERNICE A		1.2 N	IAME				
STREET ADDRESS	1049 PETAL COURT		1.3 S	1.3 STREET ADDRESS 1.4 City-St-Zip			[3	
CITY-ST-ZIP	ORLANDO FL 32818							
TITLE		☐ DELETE		2.1 TITLE		Change	Addition	
NAME			2.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	~~~	2. 4 CITY-S1-ZIP 3.1 TITLE		Change	Addition	
NAME			3.2 N			,	1	
STREET ADDRESS			3.3 S	THEET	ADDRESS]	
CITY-ST-ZIP			3.4. (OITY-	ST-7iP			
TITLE		☐ DELETE	4.1 3	TLE		☐ Change ☐	Addition	
NAME		,	4.21					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE	DELETE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change	Addition	
NAME						E Change L		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		DELETE	611			Change	Addition	
NAME			6.2 N	AME			-	
STREET ADDRESS			638	TREET	ADDRESS		- 1	
CITY-ST-ZIP			6.4 C	ITY-S	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.