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

DOCUMENT # P97000040356 (2)

LAIDLAW CONSTRUCTION, INC.

Principal Place of Business

3051 NW 6TH CT

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



3051 NW 6TH CT POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAIDLAW, JOANN 3051 NW 6TH CT 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 **R3** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typud or pointed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change NAME LAIDLAW, JOANN 1.2 NAME 3051 NW 6TH CT STREET ADDRESS 13 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 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: