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 # P97000048055 (2)

GUFFEY'S CONSTRUCTION INC.

Principal Place of Business Mailing Address 3765 HIGHWAY 71 SOUTH PO BOX 62 **WEWAHITCHKA FL 32465** WEWAHITCHKA FL 32465 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ✓ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33131** 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent agrature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELF TE 1.1 TITLE THILE Change Addition GUFFEY, ARLAN M 1.2 NAME 3765 HIGHWAY 71 SOUTH STREET ADDRESS 1.3 STREET ADDRESS **WEWAHITCHKA FL 32485** 14 CITY-ST- ZIP CITY-S1-ZIP DELFTE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME

14. I bereby 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 suppliemental 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 chapter, or on an attachment with an address.

3.3 STREET ADDRESS

3.4. CITY - ST - 7IP

4.4 CITY-ST-ZIP

5 4 CITY - ST - ZIP

63 STREET ADDRESS

4.1 TITLE

4 2 NAME 4.3 STREL1 ADDRESS

5.1 TITLE

5 2 NAME 5 3 STREET ADDRESS

61TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY+ST+ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THILE

NAME

TITLE

NAME

M. Buffer

ARLAN M. GUFFEY

41/3/98

FILED

Apr 22 1998 8:00am

Secretary of State

(250) 22**9**-2737

Change

Change

Change

Addition

Addition

Addition