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

R.S. S	PEARS CONSTRUCTION CO	ONSULTING, INC. Mailing Address			
,	R HILL LOOP	8214 CLOVER HILL LOOP	•		
HUDSON FL 34887		HUDSON FL 34667		DO NOT WINTE IN THE COLOR	
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 07/09/1997	
2. Principal f	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3466704	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		2. Continuate of classes besides	Fee Required
City & Sta	1e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9, Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Register	ad Agent /
	PEARS, RANDY		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	peares, Rundy	
8214 CLOVER HILL LOOP HUDSON FL 34667			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TIL.	7030N FC 34007		83	1 200 MISCORAL DO	/11
			84 City	ა ია F	L 85 Zip Code 34669
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose	e of changing its registered
office or فيل .agent	registered agent, or both, in the State a m fe miliar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	La de Same	_ Randy S.	SDEARS	4.)	17.98
	Signature, typed or minled name of revisioned agn	ni and ble if applicable (NOTI	Registered Agent signature requ		
TITLE	PLESIDEUT OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME			1.2 NAME		
STREET ADDRESS	SPEARS, SANDY 12929 SUCHE CRE	EK BLUI	1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL. 346	69	1.4 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME	ĺ		2.2 NAME		
STREET ADDRESS	-		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE	i	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CfTY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY - \$T - ZIP	- Little	
TITLE		☐ DELĒTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	! :		6.3 STREET ADDRESS		

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 appear with an address.

6.4 CITY-ST-ZIP

FILED

Apr 27 1998 8:00am

Secretary of State