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

CITY-ST-ZIP

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000072798 (6) SANKIN BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address 7218 HUMMINGBIRD LANE 7218 HUMMINGBIRD LANE NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3464329 21 Not Applicable 26 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 Added to Fees 28 Trust Fund Contribution Zip Country Country Zip 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 AMERILAWYER CHARTERED 343 **AL**MERIA AVENUE 82 CORAL GABLES FL 33134 83 84 New 34652 11. Pursuant to the provisions of Soctions 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. I am lamply a with, and accept the obligations of, Section 607.0505, Florida Statutes. BS WESSEL T. JACOBS. SIGNATURE (NOTf: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. Addition DELETE TITLE 1,1 TITLE Change JACOBS, WESSEL J NAME 1.2 NAME 7218 HUMMINGBIRD LANE STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILKINSON, GEORGE A NAME 2.2 NAME 7218 HUMMINGBIRD LANE STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE APPELGRIJN, JOHANNES J NAME 3.2 NAME 7218 HUMMINGBIRD LANE STREET ADDRESS 3 3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ■ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 attachment with an eddress.

FILED

869-2107