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PROFIT CORPORATION ANNUAL REPORT

Block 12 or Block 13 if changed, or on

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____1**9**98

DOCUMENT # P97000082112 (8)

FILED Feb 03 1998 8:00am Secretary of State

RILEY WAYNE CONSTRUCTION Principal Place of Business Mailing Address 561 OLD GENEVA ROAD 581 OLD GENEVA ROAD GENEVA FL 32732 GENEVA FL 32732 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-347/790 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. T Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONIGLIO, LAURA M 561 OLD GENEVA ROAD Street Address (P.O. Box Number is Not Acceptable) GENEVA FL 32732 83 84 City ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of child, in the State of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appoint coept the ability of the corporation of the corporation of the corporation of the corporation of the corporation. I hereby accept the appointment of the corporation o CR2E034 (10/97 OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. Addition DELETE TITLE 1.1 TITLE CONIGLIO, LAURA M NAME 1.2 NAME 561 OLD GENEVA ROAD STREET ADDRESS 1.3 STREET ADDRESS **GENEVA FL 32732** CITY-ST-ZIP 1.4 CITY-ST-7IP Addition Change DELETE TITLE 2.1 TITLE Michael B. Fildes NAME 2.2 NAME 11280 E. Colonial Rd #6 STREET ADDRESS 2.3 STREET ADDRESS Orlando, FL 32817 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE Mutaris William A. Edward 3.2 NAME NAME 2612 Laurel Street STREET ADDRESS 3.3 STREET ADDRESS Sanford, EL CITY-ST-ZIP 3.4. C(1Y - ST - ZIP Addition DELETE Change 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST - ZIP Change DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Additi 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in