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 # P97000083649 (8)

TOM ELROD CONSTRUCTION, INC.

FILED May 06 1998 8:00am Secretary of State



| Principal Plac | ce of Business | Mailing Address | | | s sagrade sia sain sant ante bain natit andt filia till nitt filia ifft | 11001 |
|---|--|--|-------------------------------|--------------------------------|---|--------------------|
| 523 WEST COLONIAL DRIVE 523 WEST COLONIAL DRIVE ORLANDO FL 32804 ORLANDO FL 32804 | | | | | | |
| ORLANDO FL | . 32804 | ORLANDO FL 32804 | | | DO NOT WRITE IN THIS SPACE | |
| 1 | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 09/25/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | - | | 4. FEI Number 4 6 G / Applied | d For |
| 21 /26 | NEW CASSILE CIT | 26 THME | | | 59-3407608 Not Ap | plicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additi | ional |
| 22 4/1 | EDO, FL | 27 | | | Fee Require | ad |
| City & Stat | le ` | City & State | | | 6, Election Campaign Financing \$5.00 May | Be |
| 23 | | 28 | T | | Trust Fund Contribution | |
| 口名クク | Country | Zφ | Country | 1 | 8. This corporation owes or has paid the current year Intangit | |
| 24 201 | 9. Name and Address of Current | | 30 | | Personal Property Tax due June 30. Yes No | |
| | | . negisteled Ageilt | 81 | Name | 10. Name and Address of New Registered Agent | |
| | LONE, J M ESQ | | | TVUITE | | |
| | S WEST COLONIAL DRIVE | | 62 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| UK | ILANDO FL 32804 | | 83 | ļ | | |
| | | | 33 | l | | |
| | | | 84 | City | 85 Zip Code | • |
| 11 Pursuant | to the provisions of Soctions 607.0503 | and 607 1508 Florida Statute | ac the abou | e pamed se | proporation submits this statement for the purpose of changing its regi | -intervent |
| Office or r | registered agent, or both ith the State (| of Horida. Such change was a | authorized b | y the corpori | ration's board of directors. I hereby accept the appointment as regis | jisterea stered |
| agent. i a | ım f am iliar with, and accept the obliga | tions of, Section 607.0505, Flo | orida Statute | 3 . | | |
| SIGNATURE | Signature typed or presed name of registered ages | ramitte tanovable (NCII) | : Bogistored Age | out signal ire reg | quired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ant signatore requ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 |
| TITLE | PTD | ☐ DELETE | 1.1 TITLE | <u>-</u> | ······································ | Addition |
| NAME | ELROD, THOMAS E | | 1.2 NAME | | | |
| STREET ADDRESS | 1126 NEW CASTLE COURT | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | 1.4 CITY-S | J | | |
| TITLE | VSD | DELETE | 21 THILE | | Change | Addition |
| NAME | ELROD, JULIE A | | 2.2 NAME | | | |
| STREET ADDRESS | 1126 NEW CASTLE COURT | | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | 2. 4 CITY- | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ | Addition |
| NAME | | | 3.2 NAME | | _ | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-5 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | _ | | 4.4 CITY-S | - 1 | | |
| TITLE | | DELETE | 51 THTLE | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | - | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | _ | | 5.4 CITY - S | T-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ | Addition |
| NAME | | | 6.2 NAME | | _ · · | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | <i>:</i> | | 1 | i i | | |
| 14. I hereby o | ertify that the information supplied wit | n this filling does not ogalify for | r the exemn | lion stated in | in Section 119.07(3)(i), Florida Statutes. I further certify that the inform | mation |
| officer or of Block 12 of | on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an atlact | annual report is true and accu ver or trustre empowered to o nment with an address. | urate and the execute this | at my signati report as rec | ture shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears | n an i in |
| CITY-ST-ZIP | certify that the information supplied with on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an atlact | in this filing does not ordalify for annual report is true and accu- ver or truepie empoyared to e ament with an address. | 6.4 CITY-S | T-ZIP | in Section 119.07(3)(I), Florida Statutes. I further certify that the infort ture shall have the same legal effect as if made under oath; that I an quired by Chapter 607, Florida Statutes; and that my name appears | 1 |