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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000106104 (7)

NORTH FLORIDA CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 20 1998 8:00am Secretary of State



14803 SOUTHWEST STATE ROAD 45 ARCHER FL 32618		14803 SOUTHWEST STATE ROAD 45 Archer FL 32618					
		THIS RETURN TE OFFI				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						12/17/1997	
2. Principal Pl	ace of Business		2a. Mailing Address			4. FEI Number Applied For	
1						59.3498709 Not Applicable	
Suite, Apt. :	#, étc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired X \$8.75 Additional	
2		27				Fee Required	
City & State	<del>3</del>	City & State	•			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
3 7.0	Country	<b>28</b> Zip		Country			
Zip	— ·	h1	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
4	25 25 Name and Address of Curr	29 ent Registered Agent				10. Name and Address of New Registered Agent	
TAY	YLOR, NANCY L		<u> </u>	81	Name		
	303 SOUTHWEST STATE ROAL	n 45			82 Street Address (P.O. Box Number is Not Acceptable)		
	15	7 40			Street A	Address (P.O. Box Number is Not Acceptable)	
Anı	CHER FL 32618			83	<del> </del>		
				84	City	Fi 85 Zip Code	
dd Durayant i	to the provisions of Spetions CO7.0	02 and 607 1509 Fla	rida Clalutas, th		n nomad	corporation submits this statement for the purpose of changing its registered	
office or re	e <b>giste</b> red agent, or both, in the Sta	te of Florida. Such cha	ande was autho	rized by	/ the corp	corporation such as this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. Lar	m familiar with, and accept the obl	gations of, Section 60	7.0505, Florida	Statutes	S		
SIGNATURE .		a and a company of the company of th				required when reinstating) DATE	
12.	Signature, typed or printed name of registered a	ND DIRECTORS		stered Ago 13,	int signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			L1 TITLE		Change Addition	
NAME	TAYLOR, NANCY L			1.2 NAME		housed with 19 - based times and	
STREET ADDRESS	POST OFFICE BOX 369				ADDRESS	14803 SW State Rd. 45	
	ARCHER FL 32618					A CONTRACTOR OF THE PROPERTY O	
CITY-ST-ZIP TITLE	D			1.4 CITY - S 2.1 TITLE	11-ZIP	Change Addition	
NAME	TAYLOR, JOHN B			2.2 NAME	Ì		
	3008 SOUTHWEST 130TH	TERRACE			Abonene		
STREET ADDRESS	ARCHER FL 32618	LINNOL			ADDRESS		
CITY-ST-ZIP	Anonem L ozoto			2. 4 CITY - 5 3.1 TITLE	SI-ZIP	Change Addition	
1		البيا		3.2 NAME			
NAME CIRCULADORCC					ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	<del></del>			3.4 CITY-S 4.1 TITLE	51-ZH	Change Addition	
TITLE		اب				T Overalle Notition	
NAME				4. 2 NAME	ADDRESS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	ii - ZiP	Change Addition	
TITLE		، ب		5.1 TITLE		☐ creatifie ☐ yequitar	
NAME				5.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		<del></del>		5.4 CITY-S	17 - ZIP	Change Addition	
TITLE				6.1 TITLE		Lightings Lightings Lightings Lightings	
NAME			l l	5.2 NAME			
			. {	6.3 STREET	ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	-eff. the the information	and the shall shal		6.4 CITY-S		and in Continue 110 07/(2)(i). Elegido Clatutas, I fuetbor poetifu that the information	
CITY-ST-ZIP  14. I hereby c indicated	on this annual report or supplemen	ital annual report is tru	ot qualify for the	exemp	tion state at my sig	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information inature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	