SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000107921 (3) CHARLES WHITLEY CONSTRUCTION, INC.

Principal Place of Business

Malling Address

2425 NORTH COURTENAY PARKWAY

2425 NORTH COURTENAY PARKWAY

Jul 29 1998 8:00am Secretary of State



MERRIT ISLAND FL 32953			MERRIT ISLAN	MERRIT ISLAND FL 32953				DO NOT WRITE IN THIS SPACE	
								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
								12/23/1997	
2. Principal P	lace of Busin	ess	2a. Mailing Ad	2a. Mailing Address				4. FEI Number 24011 QC Applied For	
21			26					4. FEI Number Applied For Not Applicable	
Suite, Apt.	· ·		Suite, Apt	Sulte, Apt. #, etc.				5. Certificate of Status Desired See Required	
City & Stat	le		City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip	Country			· — ·				8. This corporation owes or has paid the current year intangible	
24		25 Add: 200 of Com	29		30			Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent WHITLEY, CHARLES						10. Name and Address of New Registered Agent			
		ales Ourtenay Parki	4/43/		Ľ				
	RIT ISLAND	WAT			2	Street Address (P.O. Box Number is Not Acceptable)			
MEN	IUI! IOPAIAN	FL 32833			83	3			
1						L			
					84	4	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or from, in the State of Infrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, any accept the obligations of, section 607.0505, Florida Statutes.									
office or	registered ag	ent, or Noth, in the St	ate of Illerida. Such ch	iange was au	uthorized b	y ti	he corpo	pration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed	or printed name of registered	egent and title if applicable.	(NO1	TE: Registered	Age	ent signature	e required when reinstating) DATE	
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE	1.1 TITLE			Change Addition	
NAME		CHARLES			1.2 NAME		- 1		
STREET ADDRESS		DELL AVENUE SW		1.3 STREE		1 A	DDRESS		
CITY-ST-ZIP	PALM BAY	/ FL 32908			1.4 CITY-9	1-Z	(IP		
TITLE				DELETE	2.1 TITLE			Change Addition	
NAME	ļ				2.2 NAME				
STREET ADDRESS					2.3 STREE	ΤAI	DORESS		
CITY-ST-ZIP					2.4 CITY-S	1.Z	(IP		
TITLE				DELETE	3.1 TITLE			Change Addition	
NAME					3.2 NAME		Į		
STREET ADDRESS					3.3 STREE	T AI	DDRESS		
CITY-ST-ZIP					3.4 CITY-5	T-Z	!IP		
TITLE				DELETE	4.1 TITLE			Change Addition	
NAME					4.2 NAME				
STREET ADDRESS	ı				4.3 STREE	T A	DDRESS		
CITY-ST-ZIP					4.4 CITY-S	1.Z	ZIP		
TITLE			L_J	DELETE	5.1 TITLE		1	Change Addition	
NAME					5.2 NAME		-		
STREET ADDRESS					5.3 STREE				
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	T-Z	IIP		
TITLE			L.J	DELETE	6.1 TITLE		-	Change Addition	
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREE		ſ		
CITY-ST-ZIP					6.4 CITY-S	T Z	IP I		

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 of power of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears