2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000041849

Name:

Address:

City-St-Zip:

CARROLL, JUDY W

BARTOW, FL 33830

655 S. BROADWAY AVE

FILED Oct 04, 2005 Secretary of State

Entity Nan	ne: CARRO	OLL CONSTRUCTION COMPANY	(•		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
150 S. WO BARTOW,		AVENUE				
Current Mailing Address:			New Mailir	New Mailing Address:		
150 S. WOO BARTOW,		AVENUE				
FEI Number:	59-3516816	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CARROLL, BRIAN C 780 S. FLORAL AVE BARTOW, FL 33830 US			411 PALMÓ	CARROLL, BRIAN C 411 PALMOLA ST LAKELAND, FL, FL 33803 US		
The above in the State		ty submits this statement for the pu	urpose of changing it	ts registered office or registered agent, or both,		
SIGNATURE: BRIAN C. CARROLL				10/04/2005		
	Electr	onic Signature of Registered Age	nt	Date		
		.193(2)(b), F.S., the corporation did not sing Trust Fund Contribution ().	receive the prior notice	е.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD CARROLL, E 655 S. BROA BARTOW, F	ADWAY AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD CARROLL, E 780 S. FLOF BARTOW, F	RAL AVENUE	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition CARROLL, BRIAN C 411 PALMOLA ST LAKELAND, FL 33803		
Title:	S	() Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE D. CARROLL PD 10/04/2005