

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90007 013 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000052233  
 Corporation Name  
**EMCO CONSTRUCTION, INC.**



Principal Place of Business Mailing Address  
 10263 ALLENWOOD DRIVE RIVERVIEW FL 33569  
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1998		4. FEI Number 59-3516162		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Elizabeth BERRY 82 Street Address (P.O. Box Number is Not Acceptable) Bayport Plaza - Suite 1100 83 6200 Courtney Campbell Causeway 84 City TAMPA FL 85 Zip Code 33607	
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Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Elizabeth BERRY, Paralegal DATE: 9/3/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
: : PSTD : MORGAN, ERIC W : 10263 ALLENWOOD DRIVE : RIVERVIEW FL 33569 : <input type="checkbox"/> DELETE :		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		1.2 NAME	
ST-ZIP		1.3 STREET ADDRESS	12204 BASS OAK Ct.
ET ADDRESS		1.4 CITY-ST-ZIP	Riverview, FL 33569
ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		2.2 NAME	
ST-ZIP		2.3 STREET ADDRESS	
ET ADDRESS		2.4 CITY-ST-ZIP	
ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
ET ADDRESS		3.4 CITY-ST-ZIP	
ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
ET ADDRESS		4.4 CITY-ST-ZIP	
ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		5.2 NAME	
ST-ZIP		5.3 STREET ADDRESS	
ET ADDRESS		5.4 CITY-ST-ZIP	
ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
ET ADDRESS		6.4 CITY-ST-ZIP	

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eric W. Morgan DATE: 9/1/99 TELEPHONE: 813-672-9019

CR2E034 (5/99)