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**

(9)

FILED

Sep 17 1998 8:00am

Secretary of State

GOLDEN	WEST CONSTRUCTION	INC.							
Principal Place of Business Malling Address						IN III OOIII OFDOI BILLI GIBII	D ABUK DADAH DUDU	MINITERIOR PROPERTIES	
2367 CECELIA LANE 2367 CECELIA LANE									
CLEARWATER FL 34623 CLEARWATER FL 34623						50.405.440.		B105	
					0.0-4-1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address					04/10/198 4. FEI Numbe			Applied For	
	lace of Business	2a. Mailing Address	26 Address			005		Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.			•		\$8.75 Additional	
22		· ·	27		5. Certificate of	of Status Desired		Fee Required	
City & State		City & State			6. Election Ca	mpaign Financing		\$5.00 May Be	
23		28	28			Contribution		Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corpor	ation owes or has pa	aid the cu <u>rre</u> i		
24	25	29	30			roperty Tax due June		Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and	Address of New Re	gistered Ag	jent	
	EY, S COTT L.	•		81 Name					
2367 CECELIA LANE				82 Street	Address (P.O. Box Nur	ess (P.O. Box Number is Not Acceptable)			
CLE/	ARWATER FL 34623			83					
				63					
				84 City			FL	85 Zip Code	
				L_L		-1-4		noine its registered	
11. Pursuant	to the provisions of sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	i02 and 607.1508, Florida Statu Ie of Florida. Such change was	tes, the ab authorize	ove-named of d by the corp	orporation submits this oration's board of direc	statement for the pur tors. I hereby accept	pose of ch ar the appoi nt r	nging its registered ment as registered	
agent. I a	am familiar with, and accept the obli	igations of, section 607.0505, F	Iorida Stat	utes.				-	
SIGNATURE		A JUNE WAS PROBLEM AND ADDRESS OF THE PROBLEM AN	DOTC. Basista	sad Agent sleent	re required when reinstating)		DATE		
12.	Signature, lyped or printed name of registered at OFFICERS A	AND DIRECTORS	13.	190 Affant signist		CHANGES TO OFF		DIRECTORS IN 12	
TITLE	DP\$	DELETE	1.1 TO	TLE			_	Change Addition	
NAME	TALLEY, SCOTT L.		1.2 N/	AME					
STREET ADDRESS	2367 CECELIA LANE		1.3 ST	REET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			TY-ST-ZIP					
TITLE	V	DELETE	2.1 TC					Change Addition	
NAME	TALLEY, JENNIFER ANN		2.2 N/	ME			_		
STREET ADDRESS	2367 CECELIA LANE		2.3 ST	REET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		2.4 CI	TY-ST-ZIP					
TITLE		DELETE	3.1 TC	TLE				Change Addition	
NAME			3.2 NA	AME					
STREET ADDRESS			3.3 57	REET ADDRESS					
			3.4 CI	TY-ST-ZIP					
TITLE		DELETE	4.1 TI	TLE				Change Addition	
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	REET ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			,,		
TITLE		DELETÉ	5.1 TI	TLE				Change Addition	
NAME			5.2 N/	ME					
STREET ADDRESS			5.3 \$1	REET ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		DELETE	6.1 TI	TLE				Change Addition	
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 \$1	REET ADDRESS					
	İ		1640	TY-ST-ZIP	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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.