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



COF ANNI	PROFIT RPORATION JAL REPORT 1998	FLORIDA DEPART Sandra B. Secretary DIVISION OF C	Mortham of State	Apr 21 1998 8:00am Secretary of State	
DOCU 1. Corporatio	MENT # S4896	3 (0)			
	HIELD CONSTRUCTION, IN	C.			
Principal Plac	re of Business	Mailing Address			
1272 LAUREL DRIVE 1272 LAUREL DRIVE					
NO FT MYER	S FL 33917	NO FT MYERS FL 33917		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		04/30/1991 4. FEI Number Applied For	
21		26		65-0262627 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulated	
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be	
23		2 B		Trust Fund Contribution Added to Fees	
Zip 24	Country 25	7ip [Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Currer	· - ·		10. Name and Address of New Registered Agent	
BOHL, MICHELLE 1272 LAUREL DRIVE 92 Street Address (R.O. Ray Number is Not Accomplete)					
1272 LAUREL DRIVE N. FT. MYERS FL 33917			ress (P.O. Box Number is Not Acceptable)		
14.	ri, mteno re 3391/		83		
			84 City	85 Zip Code	
11 Durnuari	to the provisions of Continue CO7 (VC	22 and CO7 1509 Florida Clabula		FL	
office or r	egistered agent, or both, in the State	B4 City FL 85 Zip Code provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 nilliar with, and accept the obligations of, Section 607.0505, Florida Statutes. We typicate protest using 0 or			
SIGNATURE	an partition with and accept the cong	anons of, occeptor our losco, a for	iog gratutes.		
12,		ist mid idle if applicable (NOTE: D. DIRECTORS	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change Addition	
NAME	BOHL, WILLIAM F IV		1.2 NAME		
STREET ADDRESS	1272 LAUREL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NO FT MYERS FL VD	DELETE	1.4 CRY-ST-ZIP 2.1 TITLE	Change Addition	
NAME	BOHL, MICHELLE A	_ Metit	2.2 NAME	Orango nounton	
STREET ADDRESS	1272 LAUREL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NO FT MYERS FL		2. 4 CITY- ST- 7IP		
TITLE		☐ DEFETE	3.1 TITLE	Change Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-St-7iP		
TITLE		DELETE	4 1 TiTLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition	
NAME I		FT percie	5.2 NAME	L. Change L. Adenton	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-S1-7iP		
TITLE		DELETE	61 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

CRY-SI-7IP

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 comporation 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.

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4-15 OR (author-164R)