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FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49435** (8)

1. Corporation Name
SLEDGE CONSTRUCTION COMPANY, INC.

Principal Place of Business

**93 WALKER CREEK
SHELL POINT BEACH FL 32327
US**

Mailing Address

**93 WALKER CREEK
SHELL POINT BEACH FL 32327
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **50 Royster Dr**

Suite, Apt. #, etc.

22 City & State

23 **Crawfordville, FL**

Zip

24 **32327**

Country

25 **Wakulla**

2a. Mailing Address

26 **50 Royster Dr**

Suite, Apt. #, etc.

27 City & State

28 **Crawfordville, FL**

Zip

29 **32327**

Country

30 **Wakulla**

3. Date Incorporated or Qualified

05/02/1991

4. FEI Number

59-3063318

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BILLINGSLEY, JUDI B.
93 WALKER CREEK DR.
SHELL POINT BEACH FL 32327**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

50 Royster Dr

83

84 City

Crawfordville

FL

85 Zip Code

32327

11. 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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BILLINGSLEY, JUDI B.**
STREET ADDRESS **93 WALKER CREEK DR**
CITY-ST-ZIP **SHELL POINT BEACH FL**

TITLE ☐ DELETE

NAME **BURGIN, GORDON L.**
STREET ADDRESS **1421 NANCY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **BILLINGSLEY, KAYNE**
STREET ADDRESS **6112 BUCK LAKE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**Judi Billingsley
50 Royster Dr
Crawfordville, FL 32327**

**000002508780
-05/04/98--01012--016
***158.75**

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 if changed, or on an attachment with an address.

SIGNATURE **J. B. Billingsley**

11 22 98 901 2930

CR2E034 (10/97)