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

Block 12 or Block 13 if changed, or on an attachment with an address.

Jun 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra By Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # GOSS CONSTRUCTION, INC. Mailing Address Principal Place of Business 6850 NW 63RD LANE 6850 NW 63RD LANE CHIEFLND FL 32826 CHIEFLND FL 32626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1992 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 59-3114845 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 □ No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOSS, REGINA 102 SOUTH MAIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 CHIEFLND FL 32626 83 84 City 85 Zip Code 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. 5-27-98 REGINA Guss Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **GOSS, REGINA** NAME 1.2 NAME **6850 NW 63RD LANE** 1.3 STREET ADDRESS STREET ADDRESS CHIEFLND FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GOSS, BRUCE A. NAME 2.2 NAME **6850 NW 63RD LANE** STREET ADDRESS 23 STREFT ADDRESS CHIEFLND FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 City - St - ZIP 14. Thereby 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

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