


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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # V31307 (4) 1. Corporation Name CENTRAL FLORIDA CONSTRUCTION & DEVELOPMENT CORP. (CFCD)																																																																																																																																																			
Principal Place of Business P.O. BOX 568245 ORLANDO FL 32856 US		Mailing Address P.O. BOX 568245 ORLANDO FL 32856 US																																																																																																																																																	
2. Principal Place of Business 21 11020 Oleander Drive Suite, Apt. #, etc. 22 City & State 23 Clermont, FL Zip Country 24 34711 25 Lake		2a. Mailing Address 26 11020 Oleander Drive Suite, Apt. #, etc. 27 City & State 28 Clermont, FL Zip Country 29 34711 30 Lake																																																																																																																																																	
9. Name and Address of Current Registered Agent SHAW, PAMELA N. 675 W MICHIGAN ST ORLANDO FL 32806		10. Name and Address of New Registered Agent 81 Name Thomas Liddell 82 Street Address (P.O. Box Number is Not Acceptable) 11020 Oleander Drive 83 84 City Clermont FL 85 Zip Code 34711																																																																																																																																																	
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 <i>Thomas Liddell</i> Thomas Liddell President 4-28-98 <small>Signature, typed or printed name of the agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LIDDELL, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11020 OLEANDER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SHAW, PAMELA N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2901 S. OSCEOLA ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BURDEN, RANDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1611 S SUMMERLIN AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HOOKE, DOUGLAS P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5511 HANSEL AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	V	<input type="checkbox"/> DELETE	NAME	LIDDELL, THOMAS		STREET ADDRESS	11020 OLEANDER DRIVE		CITY-ST-ZIP	CLERMONT FL		TITLE	ST	<input checked="" type="checkbox"/> DELETE	NAME	SHAW, PAMELA N.		STREET ADDRESS	2901 S. OSCEOLA ST.		CITY-ST-ZIP	ORLANDO FL		TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	BURDEN, RANDY		STREET ADDRESS	1611 S SUMMERLIN AVENUE		CITY-ST-ZIP	ORLANDO FL		TITLE	VD	<input checked="" type="checkbox"/> DELETE	NAME	HOOKE, DOUGLAS P.		STREET ADDRESS	5511 HANSEL AVE		CITY-ST-ZIP	ORLANDO FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>11 TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td>ZIP 34711</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td>VP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td>Kevin Liddell</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td>10349 Regal Drive</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td>Clermont, FL 34711</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td>S/T</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td>Malisa Roach</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td>2218 Votaw Road</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td>Apopka, FL 32703</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>61 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME			13 STREET ADDRESS			14 CITY-ST-ZIP	ZIP 34711		21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	22 NAME	Kevin Liddell		23 STREET ADDRESS	10349 Regal Drive		24 CITY-ST-ZIP	Clermont, FL 34711		31 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	32 NAME	Malisa Roach		33 STREET ADDRESS	2218 Votaw Road		34 CITY-ST-ZIP	Apopka, FL 32703		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME			43 STREET ADDRESS			44 CITY-ST-ZIP			51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME			53 STREET ADDRESS			54 CITY-ST-ZIP			61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME			63 STREET ADDRESS			64 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE																																																																																																																																																	
NAME	LIDDELL, THOMAS																																																																																																																																																		
STREET ADDRESS	11020 OLEANDER DRIVE																																																																																																																																																		
CITY-ST-ZIP	CLERMONT FL																																																																																																																																																		
TITLE	ST	<input checked="" type="checkbox"/> DELETE																																																																																																																																																	
NAME	SHAW, PAMELA N.																																																																																																																																																		
STREET ADDRESS	2901 S. OSCEOLA ST.																																																																																																																																																		
CITY-ST-ZIP	ORLANDO FL																																																																																																																																																		
TITLE	PD	<input checked="" type="checkbox"/> DELETE																																																																																																																																																	
NAME	BURDEN, RANDY																																																																																																																																																		
STREET ADDRESS	1611 S SUMMERLIN AVENUE																																																																																																																																																		
CITY-ST-ZIP	ORLANDO FL																																																																																																																																																		
TITLE	VD	<input checked="" type="checkbox"/> DELETE																																																																																																																																																	
NAME	HOOKE, DOUGLAS P.																																																																																																																																																		
STREET ADDRESS	5511 HANSEL AVE																																																																																																																																																		
CITY-ST-ZIP	ORLANDO FL																																																																																																																																																		
TITLE		<input type="checkbox"/> DELETE																																																																																																																																																	
NAME																																																																																																																																																			
STREET ADDRESS																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																			
TITLE		<input type="checkbox"/> DELETE																																																																																																																																																	
NAME																																																																																																																																																			
STREET ADDRESS																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																			
11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																	
12 NAME																																																																																																																																																			
13 STREET ADDRESS																																																																																																																																																			
14 CITY-ST-ZIP	ZIP 34711																																																																																																																																																		
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																	
22 NAME	Kevin Liddell																																																																																																																																																		
23 STREET ADDRESS	10349 Regal Drive																																																																																																																																																		
24 CITY-ST-ZIP	Clermont, FL 34711																																																																																																																																																		
31 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																	
32 NAME	Malisa Roach																																																																																																																																																		
33 STREET ADDRESS	2218 Votaw Road																																																																																																																																																		
34 CITY-ST-ZIP	Apopka, FL 32703																																																																																																																																																		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																	
42 NAME																																																																																																																																																			
43 STREET ADDRESS																																																																																																																																																			
44 CITY-ST-ZIP																																																																																																																																																			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																	
52 NAME																																																																																																																																																			
53 STREET ADDRESS																																																																																																																																																			
54 CITY-ST-ZIP																																																																																																																																																			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																	
62 NAME																																																																																																																																																			
63 STREET ADDRESS																																																																																																																																																			
64 CITY-ST-ZIP																																																																																																																																																			
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 Block 14 or on an attachment with an address. SIGNATURE <i>Thomas Liddell</i> Thomas Liddell 4-28-98 (407) 668-9207																																																																																																																																																			



DO NOT WRITE IN THIS SPACE

CP2E034 (10/97)