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

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48

V48338

(0)

STEPHEN JOHNSON CONSTRUCTION CONTRACTING, INC

SIEPHE	N JUHNSUN CUNSTRUCT	ION CONTRACTING, I	NC.					
Principal Plac	e of Business	Mailing Address				-	ELI BIBÎN BIBÎN BIBÎN BIBÎN 81811 (88)	
2770 LETHA S1	REET	2770 LETHA STREET						
	BEACH FL 32168		EW SMYRNA BEACH FL 32168			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						07/01/1992		
<del></del>	Place of Business	2a. Mailing Address	. Mailing Address			4. FEI Number	Applied For	
Sulte, Apt	# -10	Suite Ant # etc	Suite, Apt. #, etc.			59-3130249	Not Applicable	
22	w, 610.	27 Suite, Apr. #, etc.	<b></b>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta		City & State			<del></del>	6. Election Campaign Financing	<del></del>	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry	,	8. This corporation owes or has paid the		
24	25	29	30	Í		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
Johnson, Stephen				81	Name			
2770 LETHA STREET				82	Stront Addro	Street Address (P.O. Box Number Is Not Acceptable)		
	SMYRNA BEACH FL 32168			02	Stieet Addies	ss (F.O, box Number is Not Acceptable)		
****				83			,	
							7	
				84	City	· ·	85 Zip Code	
SIGNATURE	Signalure, typed or printed name of registered ago OFFICERS A	ent and title if applicable {	NOTE: Register	red A	agent signature requir	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE	1.1 T(T	1.1 TITLE 1.2 NAME			Change Addition	
NAME	JOHNSON, JUDITH A.		1.2 NA					
STREET ADDRESS	2770 LETHA STREET		1,3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH. FL		1,4 CiTY-ST-ZIP		-ZIP			
TITLE	P	DELETE	2.1 T(T	2.1 TITLE			Change Addition	
NAME	JOHNSON, STEPHEN E.		2.2 NA	ME				
STREET ADDRESS	2770 LETHA ST.		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2 4 CI1		-ZIP			
TITLE		C breeze		3.1 TITLE			Change Addition	
NAME	770		3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4 C(1		-ZIP			
TITLE		L_ DELETE					Change Addition	
NAME			4.2 NA		1			
STREET ADDRESS	>> (			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		<u> </u>	4,4 CIT		-ZIP			
		DELETE	5.2 NAME				Change Addition	
NAME					4000000			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP TITLE		Marie = c	5.4 CIT 6.1 TIT		-219			
		DELETE	6.2 NA				L_ Change	
NAME PERFECT ADDRESS					ADDRESS			
STREET ADDRESS	i		6.3 5 1		ADDRESS			

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.

6.4 CITY-ST-ZIP

MATURE, STORY E STORY ON 1115 1 2 1998 POVUZZ-9

32E034 (5/98)

Aug 12 1998 8:00am

Secretary of State