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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Mar 12 1998 8:00am Sacretory of State

FILED

,	1998	DIVISION OF C	ORPORATIONS	Secretary	or State
1	MENT # V5324	` '			
RESCHKE CONSTRUCTION, INC.					all alalı didil alalı didil didil 140)
					8/(
Principal Place	e of Business	Mailing Address		I 1864 BILDE BILDE (1118 1181) GIBBI LOU BISH BI	Eis miðir ðiðir mínu fiður kom
2474 THORNTON RD. 2474 THORNTON RD. STEVE ROBERTS SPECIAL STEVE ROBERTS SPECIAL				\	
ZOLFO SPRINGS FL 33890		ZOLFO SPRINGS FL 33890		DO NOT WRITE IN TH	S SPACE
US		US		3. Date Incorporated or Qualified	}
2. Principal P	lace of Business	2a. Mailing Address		07/23/1992 4. FEI Number	Applied For
21		26		65-0354298	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7ıp	Country 30	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	current year Intangible Yes No
24)	g. Name and Address of Curre		30	10. Name and Address of New Registers	
RES	SCHKE, WILLIAM F.		81 Name		
2474 THORNTON RD.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
STEVE ROBERTS SPECIAL			83		
201	LFO SPRINGS FL 33890				
			84 City	F	
11. Pursuant office or r	to the provisions of Sections 607.05 epistered agent, or both, in the Stat	502 and 607.1508, Florida Statute to of Florida, Such change was a	s, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the obli	gations of Section 607.0505, Flor	rida Statutes.		, , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typed or printed name of regenered a	gent and little if applicable [NOTE	Rogistered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	RESCHKE, WILLIAM F.		1.2 NAME		
STREET ADDRESS	2474 THORNTON RD. ZOLFO SPRINGS FL		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	DST	DELETE	1.4 C(TY-ST-Z)P 2.1 TITLE		Change Addition
NAME	RESCHKE, DOLORES J.		22 NAME		
STREET ADDRESS	2474 THORNTON RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS FL		2. 4 CITY - ST - ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		Change Addition
NAME	RESCHKE, JOHN E.	A. =	3.2 NAME		į
STREET ADORESS	1180 NW KNOLLWOOD CIR	CLE	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WAUCHULA FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		—	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		C otter	6.2 NAME		_ crango _ roundon
STREET ADDRESS			6 3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
4.4 I boroby o	artiful that the information numbered	with this filing door not quality for	the everenties stated in	Section 119 07/3\(\text{i}\) Florida Statutos I further	andifuthat the information

r nereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 of 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.