

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V60762 (4)
 1. Corporation Name
ZUIDEMA CONSTRUCTION COMPANY, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1992

4. FEI Number
65-0365934

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

Principal Place of Business Mailing Address

3844 EXCHANGE AVE. NAPLES FL 34104 US

3844 EXCHANGE AVE. NAPLES FL 33942

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

ZUIDEMA, MINERT J., JR.
3844 EXCHANGE AVE.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 if applicable (NOTE: Register Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	D	11. TITLE
NAME	ZUIDEMA, MINERT J., JR.	12. NAME
STREET ADDRESS	3844 EXCHANGE AVE.	13. STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	14. CITY-ST-ZIP
TITLE	D	21. TITLE
NAME	ZUIDEMA, GAIL P.	22. NAME
STREET ADDRESS	3844 EXCHANGE AVE.	23. STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	24. CITY-ST-ZIP
TITLE	D	31. TITLE
NAME	PORTER, DEBORAH L	32. NAME
STREET ADDRESS	1921 EMPRESS CT	33. STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	34. CITY-ST-ZIP
TITLE		41. TITLE
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE		51. TITLE
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE		61. TITLE
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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, trustee or authorized agent of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to my address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)