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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
ROYALTY CONSTRU

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(0)

## FILED Feb 26 1998 8:00am Secretary of State

HUTA	LIT CON	SIM	JCHON CO. II	NC.				•	.	( 1881)	DIANI BIBNI BIBNI #	
Principal Place of Business Mailing Address												
											•	
901 GROVELAND HILLS DR. 901 GROVELAND HILLS DF TALLAHASSEE FL 32311 TALLAHASSEE FL 32311												
INCLAIMSSEE PE S2311										DO NOT WRITE IN THI	S SPACE	
!									1	3. Date Incorporated or Qualified		
										09/17/1992		
	Place of Busin		2a. Mailing Address						4. FEI Number	A	pplied For	
21			26						65-0357104		lot Applicable	
Suite, Apt	. W, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired	T	Additional	
City & Sta		<del></del>	City & State								lequired	
23	ile		<u>}</u>						6. Election Campaign Financing		May Be	
Zip	D Country			Z(p) Country			<del></del>	Trust Fund Contribution		to Fees		
24	25			29	<del></del> 1					<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>		itangible □ No
			ddress of Current		tered Agent	[30]			J	10. Name and Address of New Registere		
F	REEMAN, E				· · · <b>F</b>		B1	Name			B	
	01 GROVEL		HILLS DR.									
TALLAHASSEE FL 32311					<b>82</b>   Si			Street	Addres	s (P.O. Box Number is Not Acceptable)		
THE WATCHE TE OF THE							83	·				
							84	City		F	85 Zip	Code
11. Pursuant	to the provisi	ons o	Sections 607.0502	and 6	07.1508, Florida	Statutes, th	ho above	-named	corpora	ation submits this statement for the purpose	of changing	its registered
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 register 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 registere agent. I am familiar with, an agreent the objection 607.0505, Florida Statutes.												
SIGNATURE SELLE IS MEEMAN PEB 122/98												Ī
	Signature typed	or printi			d approxable	(NOTE Reg	istered Age	nt signature	pariucar e	when reinstating) DATE		
12.	TX		OFFICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	C	4 K.I. P	•		☐ DELET		1.1 TITLE				Change	Addition
NAME	FREEMAN, ED  DRESS 901 GROVELAND HILLS ROA				1.2 NAME				1			
STREET ADDRESS					10 011221 1231							
CITY-ST-ZIP	B	HOOH	E PL 32311		Florier		1.4 CITY - SI	r-ZiP			<del></del>	
TITLE	FREEM	ANI M	ADEV		☐ DELET	· ·	2.1 TITLE				Change	☐ Addition
NAME			R ROAD				2.2 NAME			•		- 1
STREET ADDRESS							2.3 STREET					
CITY+ST-ZIP TITLE					☐ DELETE			2.4 CITY-ST-ZIP 3.1 TITLE			0)	
NAME	1 ''	MR .	IAMES								L.) Change	Addition
STREET ADDRESS	LIPSCOMB, JAMES  BORESS 6870 MAIN STREET					1	3.2 NAME					.]
CITY+ST-ZIP	HAVEA BLUES AL ATAAA					1	3 3 STREET					
TITLE	1101160	2201	1 14 0000		[ DELET		3 4. CITY - \$' 4 1 TITLE	1-ZIP			Change	Addition
NAME	1				C OCCU		4. 2 NAME				L. Unange	☐ ¥00itibii
STREET ADDRESS							4. 2 NAME 4.3 STREET A	AUDDECC				
CITY-ST-ZIP												ĺ
TITLE					DELETI		4.4 CITY-ST 5.1 TITLE	- 21			Change	Addition
NAME							5.2 NAME					LI NOULION
STREET ADDRESS							5.3 STREET A	ADDRESS				ļ
CITY-ST-ZIP							5.4 CITY - ST					
TITLE	<b></b>				DELETI		<u> </u>	- 411			Change	Addition
NAME	[						6.2 NAME					
STREET ADDRESS	1						6.3 STREET A	ADDRESS				
CITY-ST-ZIP			6 4 CHTY-ST									
	certify that the	infor	nation cumplind with	ly thin fo	lina dose not aun				dia Ca	otion 110 07(2)(i) Florido Crot Aco J. E. alban		

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.

CICNATUDE.

EEB .

98-850-877-351