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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 381943 1. Corporation Name

GEORGE CAVALIER CONSTRUCTION COMPANY, INC.

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90004 039 \*\*\*150.00



										BII 8660 (111
Principal Place of Business Mailing Address							4 IDESDO FINDS FORDS FOR A GROOM FINE WENTER	11811 BIBI	( <b>4</b> }\$() 81	811 81811 1381
77 ALLING ST. EXT. 77 ALLING ST. EXT.										
WEST HAVEN CT 06516			WEST HAVEN CT 06516				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							05/11/1971			1
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		App	lied For
21			26				.06-0879712	[	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	, -		dditional
22			27						ee Rec	
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23 Country			Zip Country							- rees
Zip				30	¬ •		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curre		stered Agent	30	Γ		10. Name and Address of New Registered	Agent		
					81	Name			<del>-</del> .	
ALBRECHT, DAVID F					82	82 Street Address (P.O. Box Number is Not Acceptable)				
3625 20 ST					Sireet Add		uless (F.O. box Number is Not Acceptable)			
. 2A					83					
VERO	D BEACH FL 32960				84	City		85	Zip C	ode
					ìì	_	poration submits this statement for the purpose of	<b>∟</b> i i	\	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of	r, Section 607.0505, Fio	rida Stat	utes		tion's board of directors. I hereby accept the appropriate when reinstating)  DATE			
12.	Signature, typed or printed name of registered ag			13.	Agen	it signature redui	ADDITIONS/CHANGES TO OFFICERS A	ND DIF	ECTO	RS IN 12
TITLE .	V		DELETE	1.1 TI	TLE	1		c	hange	Addition
NAME	CAPOBIANCO, THOMAS			1.2 N	AME					
STREET ADDRESS	77 ALLING ST EYT			1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	WEST HAVEN CT			1.4 CITY-ST-Z		r-ZIP				
IIILE	Р	☐ DELETE		2.1 ∏	2.1 TITLE			. □c	hange	☐ Addition
NAME	CAVALIER, THOMAS C			2.2 NAMI						
STREET ADDRESS	542 GOSPLE LANE			2.3 STRI		ADDRESS				
CITY-ST-ZIP	ORANGE CT				2. 4 CITY-ST-ZIP		The second secon			- Addition
TITLE	ST		☐ DELETE	3.1 TI				. [] 0	hange ~	Addition:
NAME	CAPOBIANCO, DOLORES M			1	3.2 NAME					
STREET ADDRESS	77 ALLING ST EXT			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY-ST-ZIP	W HAVEN CT		☐ DELETE	3,4. C		1-ZIP		ПС	hange	Addition
TITLE NAME	DENENO DALDU				IAME	]		_	•	_
STREET ADDRESS	DEMELIO, RALPH 1 COVE BROOK RD					ADDRESS				Í
CITY-ST-ZIP	WESTHAVEN CT									
TILE			_	4.4 CITY-ST-ZIP 5.1 TITLE			□c	hange	☐ Addition	
NAME	CAVALIER, MARILYN I			5.2 N	AME					,
STREET ADDRESS	542 GOSPLE LANE			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORANGE, COMM				TY-S	T-ZIP				
TITLE	D		☐ DELETE	6.1 T					hange	Addition
NAME	DEMELIO, JOHANNA C			6.2 N						
STREET ADDRESS	1 COVE BROOK RD			6.3 S	TREET	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, with all other like empowered. WESTHAVEN CT

SIGNATURE: