


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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90015 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 422088**  
 1. Corporation Name  
**DE PLONTY CONSTRUCTION, INC.**

Principal Place of Business PUNTA GORDA, FLD 33951-0309 PUNTA GORDA FL 33951-0309 US	Mailing Address 28200 BERMONT ROAD PO BOX 309 PUNTA GORDA FL 33951-0309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>28200 BERMONT ROAD</b>	2a. Mailing Address 26 <b>28200 BERMONT ROAD</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>PUNTA GORDA FL</b>	28 City & State <b>PUNTA GORDA FL</b>
24 Zip <b>33982</b> 25 Country <b>USA</b>	29 Zip <b>33952</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>03/27/1973</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1501038</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DE PLONTY, DUANE E.**  
**937 BLUE HERON OVERLOOK**  
**OSPREY FL 34229**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 registered 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEPLONTY, JOAN J</b>
STREET ADDRESS	<b>937 BLUE HERON OVERLOOK</b>
CITY-ST-ZIP	<b>OSPREY FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DEPLONTY, DUANE E</b>
STREET ADDRESS	<b>937 BLUE HERON OVERLOOK</b>
CITY-ST-ZIP	<b>OSPREY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>ZIP 34229</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>ZIP 34229</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY/TREASURER</b>
3.3 STREET ADDRESS	<b>MARYANN OLSON</b>
3.4 CITY-ST-ZIP	<b>1456 FAUNWOOD CIRCLE</b> <b>SARASOTA, FL 34232</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Maryann Olson DATE: 4-26-99 DAYTIME PHONE #: 941-639-0663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)