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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561457

1. Corporation Name A-BILD CONST. CO., INC.

Principal Place of Business 4223 S. SANDALWOOD CIRCLE PO BOX 8795 TAMPA FL 33617 US

Mailing Address P.O. BOX 7895 N/A PO BOX 8795 TAMPA FL 33674 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1978

4. FEI Number

59-3479112

Applied For Not Applicable

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 the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOUNT, JOE HORN, ATTY. AT LAW 1411 N.W. SHORE BOULEVARD TAMPA FL

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP NAME FISHER, DOUGLAS R STREET ADDRESS 7314 RIVERVIEW DRIVE CITY-ST-ZIP RIVERVIEW FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE PD NAME PATTERSON, GARY E STREET ADDRESS 4223 S. SANDALWOOD CIRCLE CITY-ST-ZIP TAMPA FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE SD NAME FISHER, AUDREA M STREET ADDRESS 7314 RIVERVIEW DRIVE CITY-ST-ZIP RIVERVIEW FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE TD NAME PATTERSON, GARY E STREET ADDRESS 4223 S SANDALWOOD CIRCLE CITY-ST-ZIP TAMPA FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE ASD NAME ZARDINSKAS, LOIS M STREET ADDRESS 4223 S SANDALWOOD CIRCLE CITY-ST-ZIP TAMPA FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 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: GARY E PATTERSON 27 APR 99 813 980-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)