## 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

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90069 028 \*\*\*150.00

1. Corporation Name F77625 (4)						. {		
R.C.E. Contractors Lnc.					320034 - 90009 - 20			
Principal Plac	ce of Business	Mailing Address				-		
3 <i>88</i> 4	+ Dimanos c Aug	38841 B	2000100	r c	Aue			
3884 Progress Ave 3884 Progress A Naples, F1. 34104 Naples, F1. 3410					TYVC	DO NOT WRITE IN TH	IS SPACE	
Napi	les, Fl. 34104	Naples	, F1 3	4-1	04-	3. Date Incorporated or Qualifed		
						4/26/1982		
2. Principal f	Place of Business	2a. Mailing Address	3			4. FEI Number	Apr	plied For
21		26				59-2184733		t Applicable
Suite, Apt	, #, etc.	Suite, Apt. #, et	C.			5. Certificate of Status Desired	<b>\$8.75</b> A	
22					··· <del>·</del>	C Shadia O anin Sinanin		· -
23	ite	28				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> ( Added to	•
Zip	Country	Zîp	Co	untry		8. This corporation owes the current year li		01003
24	25 29 3			م ا		Personal Property Tax.		□No
	9. Name and Address of Current		1991			10. Name and Address of New Registered	d Agent	
Ellic	st, Randy			81	Name			
200	or and			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
3884 Progress Ave				Ш				
Nap	oles, #1.34104	•		83	- I			
•				84	City	F	85 Zip C	Code
44.5	10 th		C4+4-4			F	_ , ,	registered
office or	registered agent, or both, in the State of	of Florida. Such change	was authorize	d by t	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appo	n changing its i pintment as reç	gistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.050	5, Florida Stat	tutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if anniicable	(NOTE: Registere	d Ageni	t signature required	when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PT DELETE		TE 1.1 T	1.1 TITLE			☐ Change	☐ Addition
NAME	Elliott, Randy C			1.2 NAME				
STREET ADDRESS 3884 Progress Ave				1.3 STREET ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE	VP DELETE		TE 2.1 T	2.1 TITLE			Change	☐ Addition
NAME	Illum, James m	١.	2.2 N	IAME				
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	Naples, Fl. 341	04		CITY-ST	T-ZIP			
TITLE	DELETE 3		TE 3.1 T	TTLE			☐ Change	Addition
NAME				IAME				Ì
STREET ADDRESS	5				ADDRESS			
CITY-ST-ZIP		T on a		CITY-ST	ſ-ZIP			Addition
TITLE		DELE		ITLE VAME			☐ Change	☐ Addition
NAME	)		1		1000000			}
STREET ADDRESS			1	ITY-ST	ADDRESS			
CITY-ST-ZIP		☐ DELE		_	-217		Change	☐ Addition
NAME			5.2 N				_ "	_
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST∙	-ZIP			}
TITLE		☐ DELE	TE 6.1 T	πE			☐ Change	☐ Addition
NAME			6.2 N	AME				
STDEET ADODESS			6.3 S	TREET	ADDRESS			ì

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 only a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP