## 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

## Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90084 034 \*\*\*150.00

## **DOCUMENT # F81536**

1. Corporation Name

MID-FLORIDA CONSTRUCTION CONSULTANTS, INC.

Principal Place	e of Business	Mailing Add	Mailing Address Jim Bartoe			( 1981)28 (18) (1812) (1821) SHEE (11)2 SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
% JAMES W. B.		MAMES W	BARTOE 185	Sprin	g Isle Tr	Гr.
250 WILSHIRE BLVD #110 CASSELBERRY FL 32707			TIME ON THE			
US	FL 32707	Unit Control	The same of the sa	- Ср.	.5-,	3. Date Incorporated or Qualifed
-						05/17/1982
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26	Jim B	artoe		59-2243067 Not Applicable
Suite, Apt.	#, etc.	Suite, A	pt #85° Sprin		Tr.	5. Certificate of Status Desired  \$8.75 Additional
22						ree Required
City & State	e	_	monte Spri	nys, r	L 321 17	
23		28		C		Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes the current year Intangible  Personal Property Tax. Yes No
24	9. Name and Address of Curren	29	<del></del>			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
	5. Name and Address of Curren	it Kegistered At	jent.	81	Name	
BAR*	TOE, JAMES W				<u> </u>	Jim Bartoe
	DERBYSHIRE SIRCLE		82 S		Street Add	dress (P.O 85 Ophing Visite Timble)
CAS	SELBERRY FL 32707			83		Altamonte Springs, FL 32714 -3416
				L.		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statutes,	the above	e-named corp	rporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Fforida. 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, Fforida Statutes.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Reg	gistered Ager	t signature require	ired when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS THAT BARDO OFFICERS AND DIRECTORS IN 12
TITLE	PST		☐ DELETE	1.1 TITLE		185 Spring Isle Tr. Change □ Addition
NAME	BARTOE, JAMES W.			12 NAME		± .♥
STREET ADDRESS	2567 DERBYSHIRE CIRCLE			1.3 STREET		Altamonte Springs, FL 32714
CITY-ST-ZIP	CASSELBERRY FL		□ octore	1.4 CITY-S	T-ZIP	PRESUM Bartoe Dechange Addition
TITLE	D		□ DELETE	2.1 TITLE	1	D 185 Spring Isle Tr.
NAME	BARTOE, JAMES W.			2.2 NAME		" "FINIS IOU II.
STREET ADDRESS	"2567 DERBYSHIRE CIRCLE			2.3 STREET		Altamonte Springs, FL 32714
CITY-ST-ZIP	CASSELBERRY FL		☐ DELETE	2.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			□ DETE IE	3.1 TITLE 3.2 NAME		
NAME				3.3 STREE		
STREET ADDRESS						
CITY-ST-ZIP			DELETE	3.4. CITY- S 4.1 TITLE	1-ZIP	☐ Change ☐ Addition
TITLE			_ beecie	4. 2 NAME		
NAME				4.3 STREE	TADDOESS	,
STREET ADDRESS				4.3 STREE		į
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE	1-232	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE	ADDRESS	ļ
				5.4 CITY-S		
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		_ , _
STREET ADDRESS				6.3 STREET	ADORESS	
O LUCE LANDINE 22	İ					

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.

6.4 CITY-ST-ZIP

SIGNATURE: