**FILED** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90048 050 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F95000005984

1. Corporation N NGI CONS	TRUCTION, INC.					
D. Col Blace o	f Bueinass	Mailing Address				
Principal Place of Business Mailing Adoress  7411 NAPA-VALLEJO HWY PO BOX 4050				ļ		
NAPA CA 94558  NAPA CA 94558					DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualifed</li> <li>12/08/1995</li> </ol>	
ı		The state of the s			4. FEI Number	Applied For
Principal Place of Business     2a. Mailing Address					94-1395180	Not Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			6. Election Campaign Financing	\$5.00 May Be	
City & State		City & State			Trust Fund Contribution	Added to Fees
23	Country	Zip Country			8. This corporation owes the current year	ar Intangible
Zip	Country 25	29 30			Personal Property Tax.  10. Name and Address of New Registe	<u></u>
24	9. Name and Address of Curren				10. Name and Address of New Kegisk	
C T CORPORATION SYSTEM			82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			83			
PLAN	IAMON FL 30024					85 Zip Code
				City		
<u>'</u>		2 and 607 1508. Florida Statutes,	the above-r	named corpo	oration submits this statement for the purpor's board of directors. I hereby accept the	appointment as registered
11. Pursuant t	o the provisions of Sections bor 1996 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by th a Statutes.	e corporado	oration submits this statement for the purpo n's board of directors. I hereby accept the	
, agent. rat	ti lainina wax, and apapa				D/	NTE
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ROND DIRECTORS	13.	agridica o require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
12.	CPD OFFICERS AI	DELETE	1.1 TITLE		<del></del> ,	Citailde Disease.
TITLE	FEDRICK, RONALD M		1.2 NAME	l l		
NAME	7411 NAPA-VALLEJO HWY		1.3 STREET A	DORESS		
STREET ADDRESS	NAPA CA	CA1.4		ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITLE	ļ		
NAME	MOORE, RONALD R		2.2 NAME			
STREET ADDRESS	7411 NAPA-VALLEJO HWY	11 NAPA-VALLEJO HWY		ADDRESS		
CITY-ST-ZIP	NAPA CA	XXDELETE	2. 4 CITY-ST 3.1 TITLE	-ZIP		☐ Change ☐ Addition
TITLE	VD	₹\$UELE IE	3.2 NAME			
NAME	SCHWARTZ, WALTER H.G.		3.3 STREET	ADDRESS		
STREET ADDRESS	7411 NAPA-VALLEJO HWY		3.4. CITY-ST	ľ		Change Addition
CITY-ST-ZIP	NAPA CA	DELETE	4.1 TITLE			Change Addition
TITLE	VSD BIONDA, CAROLE L	<u></u>	4. 2 NAME	\		
NAME	7444 MADA VALLETO HWY		4.3 STREET	ADDRESS		
STREET ADDRESS	NAPA CA 94558		4.4 CITY-ST	r-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	VID	DELETE	5.1 TITLE	-		□ 4å- □
TITLE	BARBER, DAVID D		5.2 NAME			
NAME STREET ADDRES	TARE MADA VALLETO HWY		5.3 STREET			
CITY-ST-ZIP	NAPA CA		5.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE	<del>                                     </del>	☐ DELETE	6.1 TITLE			
NAME			6.2 NAME	T ADDRESS		
STREET ADDRES		/	6.3 STREE	1		
			E n.4 CHY-3	) LIT		the entity that the information

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 dissipplemental 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 indicated on this annual report dissipplemental 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 corpolation of the releven of 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 and the paragraphent with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

CAROLE L. BIONDA

707-257-3200 01/08/99

Date

Daytime Phone #