

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90021 035 \*\*\*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 # F96000005353**

1. Corporation Name  
**FONTENN CONSTRUCTION COMPANY, INC.**

Principal Place of Business 6210 DAYTON BLVD #C HIXSON TN 37343	Mailing Address 6210 DAYTON BLVD #C HIXSON TN 37343
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4509 Hixson Pike Suite, Apt. #, etc. 22 City & State 23 Hixson, TN Zip 24 37343 Country 25 USA	2a. Mailing Address 26 4509 Hixson Pike Suite, Apt. #, etc. 27 City & State 28 Hixson, TN Zip 29 37343 Country 30 USA
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3. Date Incorporated or Qualified 10/14/1996	4. FEI Number 62-1486533 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	P <input type="checkbox"/> DELETE
NAME	FLANIGAN, DONALD EDWARD
STREET ADDRESS	6210 DAYTON BLVD #C
CITY-ST-ZIP	HIXSON TN 37343
TITLE	V <input type="checkbox"/> DELETE
NAME	FLANIGAN, DONALD EVERADO
STREET ADDRESS	6210 DAYTON BLVD #C
CITY-ST-ZIP	HIXSON TN 37343
TITLE	S <input type="checkbox"/> DELETE
NAME	FLANIGAN, ALTA
STREET ADDRESS	6210 DAYTON BLVD #C
CITY-ST-ZIP	HIXSON TN 37343
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Flanigan, Donald Edward
1.3 STREET ADDRESS	4509 Hixson Pike
1.4 CITY-ST-ZIP	Hixson, TN 37343
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Flanigan, Donald Everardo
2.3 STREET ADDRESS	4509 Hixson Pike
2.4 CITY-ST-ZIP	Hixson, TN 37343
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Flanigan, Alta
3.3 STREET ADDRESS	4509 Hixson Pike
3.4 CITY-ST-ZIP	Hixson, TN 37343
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: Donald Everardo Flanigan 1-26-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)