## 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

## DOCUMENT # F98000005537

## STUART CONTRACTING COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

## **FILED** Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90016 009 \*\*\*150.00



P.O. BOX 549 P.O. BOX 549 AY MINETTE AL 36507 **BAY MINETTE AL 36507** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 **72-139**1073 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 3 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zip Country 4 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent ☐ Yes □No 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 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 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. Zip Code Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 71 E DELETE 1.1 TITLE ME. MITCHELL, T.E. ☐ Change Addition 1.2 NAME REET ADDRESS **BRADY RD** 1.3 STREET ADDRESS TY-ST-ZIP **BAY MINETTE AL 36507** 1.4 CITY-ST-ZIP ſLΕ ☐ DELETE 2.1 TITLE GORDON, J. DON MF ☐ Change Addition 2.2 NAME REET ADDRESS **600 LAKEVIEW** 2.3 STREET ADDRESS Y-ST-ZIP **BAY MINETTE AL 36507** 2.4 CITY-ST-ZIP LΕ DELETE 3.1 TITLE ΙE Change \_ PEPPERMAN, MARCIA ☐ Addition 3.2 NAME REET ADDRESS 1200 THOMLEY AVE 3.3 STREET ADDRESS BAY MINETTE AL 36507 Y-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Æ ☐ Change ☐ Addition 4. 2 NAME EET ADDRESS 4.3 STREET ADDRESS -ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS -ST-ZIP 5.4 CiTY-ST-ZiP ☐ DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME ET ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.4 C/TY-ST-2/P

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 13 if changed, or on an attachment with an address, with all other like empowered.

**3NATURE:** 

narcia Rep Marcia (Pepperman

2/3/99

334/937-7800

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