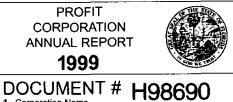
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



AMERICAN CONSTRUCTION ENTERPRISES. INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 14, 1999 8:00 am **Secretary of State**

03-14-1999 90030 023 \*\*\*150.00

## 

Mailing Address Principal Place of Business 1232 MARKET CIRCLE 1232 MARKET CIRCLE PORT CHARLOTTE FL 33953-3829 PORT CHARLOTTE FL 33953-3829 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/11/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-2638455 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HELM, WALTER E. Street Address (P.O. Box Number is Not Acceptable) 17106 SEASHORE DRIVE PORT CHARLOTTE FL 33948 83 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change □ Addition PTD □ DELETE 1.1 TITLE TITLE HELM, WALTER E., JR. 1.2 NAME NAME 17106 SEASHORE AVE. 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 2.1 TITLE WARD, HUGH A 2.2 NAME NAME 22256 BREEZESWEPT AVENUE 2.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 64 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.

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)