## 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 # J38455

MCNEILL CONTRACTING, INC.

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90025 043 \*\*\*150.00



and the state of t							
Principal Place	of Business	Mailing Address	Mailing Address		I I Build Bloom in the state of	210 01210 01211 2101	
1700 NW AVE D 1700 NW AVE D BELLE GLADE FL 33430 BELLE GLADE FL 33430					DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/17/1986			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	ied For
26					59-2746720		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			<del>_</del>	5. Certificate of Status Desired   \$8.75 Additional Fee Required			I .
City & State City & State			-		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23   Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30	30		Personal Property Tax.		
24]	9. Name and Address of Curren			10. Name and Address of New Registered Agent			
MCNEILL, JAMES A. 1700 NW AVE D BELLE GLADE FL 33430			81 82	82 Street Address (P.O. Box Number is Not Acceptable)			
				146年,1867年,1868年,1888年,1			
		and the second second	84	City	FL	.	
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.				rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its regineration.	egistered stered
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: Re	coistered Agen	t signature requ	ired when reinstating) DATE		
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE		Control of the Contro	Change	☐ Addition
NAME	, -		1.2 NAME		,		
STREET ADDRESS			1.3 STREET ADDRESS		·	•	
CITY-ST-ZIP	DELLE CLADE EL 20420		1.4 CITY-ST-ZIP				
TITLE	SD DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME :	ALCAUGHA DADOADA				•		-
STREET ADDRESS	1700 NW AVE D		2.3 STREET	ADORESS			

BELLE GLADE FL 33430 Change Addition ☐ DELETE 31 TITLE **的护理**等 3.3 STREET ADDRESS STREET ADDRESS 音視軟挺性 記 3.4. CITY-ST-ZIP CITY-ST-ZIP Change 144 Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE THE PER PORT 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 officer or director of the corporation or the receiver or trus Block 12 or Block 13 if changed, or on an attachment with