

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90004 002 ***550.00

DOCUMENT # K69373

1. Corporation Name

CRIBB CONSTRUCTION OF SOUTH FLORIDA, INC.

Principal Place of Business
29930 SW 172ND AVENUE
HOMESTEAD FL 33030

Mailing Address
29930 SW 172ND AVENUE
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1989

4. FEI Number
65-0113547

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 1535 Breakers West Way
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 210575
Suite, Apt. #, etc.

City & State
23 WPBch, FL

City & State
28 WPBch, FL

Zip Country
24 33411 25

Zip Country
29 33411 30

9. Name and Address of Current Registered Agent

**PARKER, CLAYTON E ESQUIRE
KIRKPATRICK & LOCKHART
201 S BISCAYNE BLVD, SUITE 2000
MIAMI 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **CRIBB, VICTOR J. SR.**
STREET ADDRESS **29930 SW 172ND AVE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☒ DELETE
NAME **CRIBB, ALICE**
STREET ADDRESS **29930 SW 172ND AVE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☐ DELETE
NAME **CRIBB, VICTOR J. JR.**
STREET ADDRESS **29930 SW 172ND AVE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: VICTOR J. CRIBB, JR. 9-16-99 561-793-6998

CR2E034 (5/99)

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