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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 47068

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90061 017 ***150.00

1. Corporation Name ABLESPEACE CONSULTING & CONSTRUCTION, INC.												
ADELOIT	LACE CONSCENING & CO.	101110										
			-11: 6-1				_		I DI I DI			
Principal Place			ailing Address	n								
4212 OLD GOVERNMENT RD 4212 OLD GOVERNMENT RD LAKELAND FL 33811 LAKELAND FL 33811								·				
CARCETINE . C V			,					DO NOT WRI	TE IN THIS S	PACE		
							3.	Date Incorporated or Qualifed				
	<u> </u>							01/29/1990			nlied For	
2. Principal Place of Business		-	2a. Mailing Address				4.	FEI Number 59-2994896			oplied For ot Applicable	
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.								Additional	
22 Suite, Apt. #, etc.		27	27				5.	Certificate of Status Desired			equired	
City & Stat	te =	- -	City & State -		· ;-		6.	Election Campaign Financing	П	\$5.00	May Be	
23		28						Trust Fund Contribution		Added	to Fees	
Zip	Country		Zip	_	ountry		8.	This corporation owes the curr				
24	25	29	<u> </u>	30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer	nt Regis	stered Agent		81	Name	10.	Name and Address of New I	registereu A	gent		
MOR	rrison, Joseph A.											
5410 SOUTH FLORIDA AVE.						Street Add	Street Address (P.O. Box Number is Not Acceptable)				1	
SUIT					83	· · · · · · · · · · · · · · · · · · ·						
LAKI	ELAND FL 33813				Ш]	0-1-	
\ ^-					84	City			FL		Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 6	607.1508, Florida Statut	es, the	above	-named corp	poratio	n submits this statement for the	purpose of o	hanging its	registered	
				uthoriza	ed by:		าดกรก	oard of directors. I hereby acce	ot me abboni	unioni as it	gistered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Flore ations of	da. Such change was a f. Section 607.0505, Flo	rida Sta	atutes.	e corporati		,	,		. ,	
ŧ	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are supported to the section of t	of Flore ations of										
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable. (NOTE	: Register	ed Agen	t signature requin	red when	reinstating)	DATE			100
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title	if applicable. (NOTE	: Register	ed Agen		red when		DATE	DIRECTO	DRS IN 12	11/00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title	if applicable. (NOTE	: Register	ed Agen 3. TITLE		red when	reinstating)	DATE			(44/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ege OFFICERS AND MAKLEY, GERALD V.	ent and title	if applicable. (NOTE	1.1 1.2	ed Agen 3. TITLE NAME	t signature requin	red when	reinstating)	DATE	DIRECTO	DRS IN 12	1007 (44 (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND D MAKLEY, GERALD V. 4212 OLD GOVERNMENT ROA	ent and title	if applicable. (NOTE	1.1 1.2 1.3	TITLE NAME STREET	t signature requir	red when	reinstating)	DATE	DIRECTO	DRS IN 12	(44/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ege OFFICERS AND MAKLEY, GERALD V.	ent and title	if applicable. (NOTE	: Register 1.1 1.2 1.3 1.4	ed Agen 3. TITLE NAME	t signature requir	red when	reinstating)	DATE	DIRECTO	DRS IN 12	(44 (08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND D MAKLEY, GERALD V. 4212 OLD GOVERNMENT ROA	ent and title	if applicable. (NOTE	13 1.1 1.2 1.3 1.4	TITLE NAME STREET CITY-SI	t signature requir	red when	reinstating)	DATE	DIRECTO	DRS IN 12	(44/08)
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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:

4-2.29

941-647-3828