Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90167 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **L48548**

1. Corporation Name

BAENEN CONSTRUCTION, INC.

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Principal Plac	e of Business	Mailing Address									
C/O MARK E. I		C/O MARK E. BAENEN									
13620 LAS PALMAS LARGO FL 34644-4631		13620 LAS PALMAS LARGO FL 34644-4631					DO NOT WRITE IN THIS SPACE				
U11100 1C 010	11 1001	EARLY TE STOTT TOST					3.	3. Date Ir corporated or Qualifed			
								02/02/1990		_	
2. Principa P	lace of Business		2a. Mailing Address				4.	FEI Number		<i>F</i>	Applied For
21			26					59-2987650 Not Applicable			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
City & S:at	e		City & State				6.	Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	tc Fees
Zip	Coun	try	Zip	Cour	ntry		8.	This corporation owes the cu	rent year ii		
24	25		29	30			. <u> </u>	Personal Property Tax.		Yes	_[]No
	9. Name and Add	ress of Current R	egistered Agent				10.	Name and Address of New	Registere	d Agent	
DAT.	NICH 1440V C				81	Name					
1362	NEN, MARK E. 20 LAS PALMAS				82	Street A	dress (F	O. Box Number is Not Accep	able)		
LAR	GO FL 34640				83						
						0.5				. 85 Zip	Code
					84	City			F	L 63 21	, 0,00
SIGNATURE	Signature, typed or printed na			Registered	Agen	t signature rec		reinstating) ADDITI()NS/CHANGES TO 0	DATE	ND DIRECT	TOE'S IN 12
TITLE	D	OFFICERS AND	DIRECTORS DELETE	1.1 TIT	F			ADDITIONS/CHANGES TO O	TICENS /	Change	
NAME	BAENEN, MARK E		C) been	1.2 NA							-
	STREET ADDRESS 13620 LAS PALMA				STREET ADDRESS						
CITY-ST-ZIP LARGO FL		10			1.4 CITY-ST-ZIP						
TITLE	DATE TO TE		☐ DELETE	2.1 TIT			-			Change	Addition
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 STI	REET	ADDRESS					
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP					
TITLE			☐ DELETE	3.1 TIT	3.1 TITLE					☐ Change	e
NAME				3.2 NA	3.2 NAME						
STREET ADDRESS				3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP					3.4 CITY-ST-ZIP						
TITLE			☐ DELETE	4.1 TIT						☐ Change	e
NAME				4. 2 N							
STREET ADORE 3S						ADDRESS					
CITY-ST-ZIP			□ nc: ===	4 4 CIT		r-ZIP				☐ Change	e Addition
TITLE			☐ DELETE	5 1 TIT 5 2 NA						Change	, — Addition
NAME						ADDRESS					
STREET ADDRESS				5.3 ST		ADDRESS					
CITY-ST-ZIP	[5.4 CIT	1-51	-ZIP					

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

☐ Change

☐ Addition