

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

DOCUMENT # **L84464**

1. Corporation Name

**CONTRACTORS INDUSTRIAL CHOICE, INC.**

Principal Place of Business

**3800 N. DAVIS HWY  
PENSACOLA FL 32503**

Mailing Address

**PO BOX 9397  
PENSACOLA FL 32513-9397  
US**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90014 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/29/1990**

4. FEI Number

**59-3016175**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWISHER, JOHN E.  
2950 5TH AVE. N.  
ST. PETERSBURG FL 33713**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **PARSONS, BRENDA D.**  
STREET ADDRESS **P.O. BOX 9882 N/A**  
CITY-ST-ZIP **PENSACOLA FL 32513**

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

TITLE **VD** ☐ DELETE  
NAME **DE MOSS, MARK D**  
STREET ADDRESS **7705 KIPLING PLACE C**  
CITY-ST-ZIP **PENSACOLA FL 32514**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DE MOSS, MARK D.**  
2.3 STREET ADDRESS **725 ARTILLERY RANGE NORTH**  
2.4 CITY-ST-ZIP **SPANISH FORT AL 36527**

TITLE **S** ☐ DELETE  
NAME **MAXWELL, PARSONS H**  
STREET ADDRESS **P.O. BOX 9882 N/A**  
CITY-ST-ZIP **PENSACOLA FL 32513**

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

TITLE **C** ☐ DELETE  
NAME **PARSONS, BRENDA D**  
STREET ADDRESS **P.O. BOX 9882 N/A**  
CITY-ST-ZIP **PENSACOLA FL 32513**

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

TITLE **D** ☐ DELETE  
NAME **PARSONS, H. M**  
STREET ADDRESS **P.O. BOX 9882 N/A**  
CITY-ST-ZIP **PENSACOLA FL 32513**

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

TITLE **D** ☐ DELETE  
NAME **DE MOSS, MARK D**  
STREET ADDRESS **7705 KIPLING PLACE C**  
CITY-ST-ZIP **PENSACOLA FL 32514**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **DE MOSS, MARK D.**  
6.3 STREET ADDRESS **725 ARTILLERY RANGE NORTH**  
6.4 CITY-ST-ZIP **SPANISH FORT, AL 36527**

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.

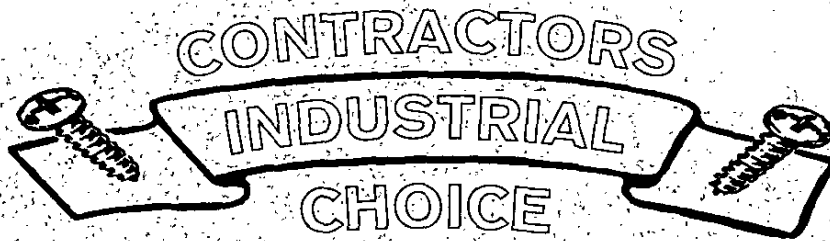
SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**July 1, 1999** **850 432 0200**  
Date Daytime Phone #

CR2E034 (5/99)

0113629



L84464  
583358-90014-44

July 2, 1999

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to cover 1999 filing fees for the corporation of Contractors Industrial Choice. We did not receive the annual report packet until July 1, 1999. If you will review the record of the corporation, you will find that we have always filed promptly upon receiving the packet in February. On July 1, 1999 we received not only our packet, but also the filing papers for another company, Sandprints, Inc.

Thank you for your assistance in this matter.

Sincerely,

Brenda Parsons  
President