Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84120

1. Corporation Name

	ORTH CONSTRUCTION CO	WIPANT					
Principal Flac	e of Business	Mailing Address			1 19919811 (4) 1911) 81991 11919 11911 9811	1201 BIBLI BIBLI BIB L	1) pipri qidil 1881
	NS INDUSTRIAL	11215 ST JOHNS INDUS	FRIAL				
PARKWAY SUITE 15 JACKSONVILLE FL 32246		PARKWAY SUITE 15 JACKSONVILLE FL 32246		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
					06/07/1988		į
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2894069		No Applicable
Suite, Fpt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22		27					Required
City & Sta	te	City & State			6. Electic n Campaign Financing	•	0 ⊮lay Be d to Fees
23 Zin	Country	Zip	Coun	itn/	Trust Fund Contribution		d in rees
Zip	25	29	30	iu y	This corporation owes the current year Personal Property Tax.	Yes	JNo
24	9. Name and Address of Currer		1301		10. Name and Address of New Registe		-=
		9		81 Name			
	CKWORTH, HENRY D			82 Street Ad	dress (P.O. Bo). Number is Not Acceptable)		
–	15 ST JOHNS IND PK			bz Sireel Ad	dress (F.O. Bo). Number is Not Acceptable)		
JAC	KSONVILLE FL 32246		}	83]
			-	04		85 Zip	p Code
				84 City	1	FL °° ~''	p C suc
agent. I c				es.			į.
SIGNATURE	Signature, typed or printed name of registered ager		T ≣: Registered A		red when reinstating) DATI ADDITI()NS/CHANGES TO OFFICERS		 TOF:S IN 12
12.	Signature, typed or printed na ne of registered age			agent signature requ	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		
12.	Signature, typed or printed na ne of registered age OFFICERS AN	nt and title if applicable (NO:	T E: Registered A	igent signature requ		AND DIRECT	
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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 ecciver 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 of a attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR