Apr 20, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023415

1. Corporation Name

MAYO CONSTRUCTION & DESIGN, INC.

Principal Place of Business Mailing Address						ם וויסס ווום בווםי פיו ובכוופנו ו)))	988 IIII) WWWI I	11861 5111 1861
5385 HWY 29 N MOLINO FL 32577		5385 HWY 29 N MOLINO FL 32577			DO NOT WR	TE IN THIS S	SPACE		
						3. Date Incorporated or Qualifed			
•						03/15/1996			
Principal Place of Business 2a. Mailing Address			. ,			4. FEI Number	• •	<u> </u>	plied For
21		26				59-3363780		\$8.75 A	t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & State	•	City & State	Ţ			6. Election Campaign Financing		\$5.00	
23	Country	28 Zip	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
Zip	Country 25	29 30	¬ `	y		Personal Property Tax.			□No
24	9. Name and Address of Currer		<u>'</u>		-	10. Name and Address of New	Registered A	gent	
	o. Hamb and Address of Garter	it itagista / Bana	81	I N	lame				
MAY	o, jessie w		82	. -	han at Adden	ss (P.O. Box Number is Not Accept	ahla)		
5385 HWY 29 N			102	د ۱ ء	lieel Audres	SS (P.O. BOX Mulliber is NOt Accept	aulej		
MOLINO FL 32577			83	3					
			84	4 6	City			85 Zip C	Code
	•		}		-		<u>FL</u>	\	
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									
SIGNATORE	Signature, typed or printed name of registered age			ent sig	nature required v		DATE	D DIDECTO	DC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN	☐ Change	Addition
TITLE	P								
NAME	MATO, GEOOR TI		1.2 NAME		DDECC				
STREET ADDRESS	5385 HWY 29 NORTH		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		f				
TITLE			2.1 TITLE		······································			Change	☐ Addition
NAME	MAYO, DAVID E		2.2 NAME		Ĩ				
STREET ADDRESS	5385 HWY 29 N		2.3 STREE		DRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZI	IP .				
TITLE			3.1 TITLE					☐ Change	☐ Addition
NAME	NISEWONGER, E B	**	3.2 NAME						
STREET ADDRESS	4400 MOLINO MEADOWS DRI	VĒ	3.3 STREE	ET ADI	DRESS				- 1
CITY-ST-ZIP	MOLINO FL		3.4. CITY-	-ST-Z	IP				C) a delition
TITLE	ST	☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME	MAYO, GINGER		4. 2 NAME						
STREET ADDRESS			4.3 STREE		- 1				}
CITY-ST-ZIP	MOLINO FL			ST-Zi	Р			Change	Addition
TITLE		□ NETE1E	5.1 TITLE 5.2 NAME					الماري ال	ا العداد ا
NAME					ORESS				ļ
STREET ADORESS	 ★ 2.1% (a) 			STREET ADDRESS					
CITY-ST-ZIP			6.1 TITLE		·	·- <u>-, · , · </u>		☐ Change	Addition
NAME		Lad Date ! L	6.2 NAME					-	{
NAME:			6.3 STRE		ORESS				

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 attaphment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mayo