Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90060 035 ***158.75

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 # P9700064796

1. Corporation Name

GOLION	AND MCDANIEL CONSTRU	CHON, INCORPORATED	,			
Principal Place	of Rucinese	Mailing Address		- 4 1005/1005/ 116 104/11 400/11 60/11 004/14 40/11 1	Billo Britte Bibrit (1868 (1861) b ille i	1001
		1270 N WICKHAM RD				
4165 N DOW R STE 4	D	STE 16-101				
MELBOURNE FI	L 32935	MELBOURNE FL 32935		DO NOT WRITE IN T	HIS SPACE	
US		บร		3. Date Incorporated or Qualifed		
				07/24/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	$\overline{}$
21 4165	N. Dow Rd	26		59-3459893	Not Applica	
Suite, Apt.	#, etc. 7 it 36	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Mel	bourne FL	28		Trust Fund Contribution -	Added to Fees	
Zip ~ ~ ~	Country	Zip	Country	8. This corporation owes the current year	r Intangible	İ
24 32°	7 	29 3	0	Personal Property Tax.	Yes No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	ed Agent	-
GOE	f, Belinda		81 Name 7	elinda (30 11		}
	N WICKHAM RD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	36	
STE 16-101			416	5 LOW KO UNIT	<u>"</u>	
	BOURNE FL 32935		83			
 	DOUNIL I E 02900		84 City	1600	- 85 Zip Code -	\neg
			1116	<u>ciourne</u>	-L 18750	
11. Pursuant	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607,1508, Florida Statutes of Florida. Such change was autl	, the above-named corp horized by the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	pointment as registered	: .
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statutes.	n · · · · · · · · · · · · · · · · · · ·	00	. ;;
SIGNATURE	Jerosinda 40h	Beli	nda Gott	<u> </u>	7. 7 (1-1) (1-1) (1-1)	, ,
	Signature, typed or printed name of registere agen	nt and title if applicable. (NOTE: R	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	$\frac{1}{2}$
12.	P	DELETE	1.1 TITLE	ADDITIONAL OF A TO SET TO SET	☐ Change ☐ Add	_
	GULICK, DOUGLAS C.		1.2 NAME			
NAME	1062 HOLLAND ST		1.3 STREET ADDRESS			-
STREET ADDRESS	MELBOURNE FL 32935					
CITY-ST-ZIP	VP		4.4.CITV CT 7ID			ł
		DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Add	dition
NAME		☐ DELETE	2.1 TITLE		☐ Change ☐ Ado	dition
ATDEET + BADEOS	MCDANIEL, ROY	☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Add	dition
STREET ADDRESS	MCDANIEL, ROY 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Add	dition
CITY-ST-ZIP	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Add	
CITY-ST-ZIP	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE			
CITY-ST-ZIP TITLE NAME	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	` -		dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	` -	☐ Change ☐ Add	ldition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	` •	☐ Change ☐ Add	ldition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add	ldition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	-	☐ Change ☐ Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	*	☐ Change ☐ Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Add	dition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDANIEL, ROY 1399 HELLIWELL ST NE PALM BAY FL 32907 T GOFF, BELINDA 1062 HOLLAND ST MELBOURNE FL 32935 S MCDANIEL, BRYNEL 1399 HELLIWELL ST NE	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Add	dition

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 of 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:

CITY-ST-ZIP