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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

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1. Corporation Name

CATHCART CONTRACTING COMPANY

Principal Place of Business Mailing Address TIST W BRADAWAY ST SUITE 3 SUITE											
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2 Principal P	lace of Business	2a. Ma	iling Address				1 - 1 - 1		Apr	plied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		lace of business	_	ining riddicoo				1 12		<u> </u>	
27		# etc.		ite. Apt. #, etc.						\$8.75 A	dditional
City & State City & State	22	.,	27	•				5. Certificate of Status Desired	V	Fee Re	quired
28	1						6. Election Campaign Financing		\$5.00	May Be	
Zip Country Zip Country Zip Country St. The copporation rows the current year Intanglible Parsonal Property Tax. yes No	23		28					Trust Fund Contribution		Added to	o Fees
9. Name and Address of Current Registered Agent CATHCART, JOHN THOMAS 1587 SOUTH LYONS COURT OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,692 and 607,1598, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, the Stote of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, the obligations of, Section 607, 6905, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607, 6905, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, Section 607, 6905, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent		Country	Zip	Zip Country							
CATHCART, JOHN THOMAS 1587 SOUTH LYONS COURT OVIEDO FL 32765 11. Present 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. ODDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CATHCART, JOHN 13. STREET ADDRESS CITY-ST-2P 14. OFFICERS AND DIRECTORS IN 12. CATHCART, JOHN 15. STREET ADDRESS 15. OVIEDO FL 32765 16. ORIGINAL STREET ADDRESS 2. STREET ADDRESS 3. STREET ADDRESS 4. CITY-ST-2P TITLE 1. TITLE 1. STREET ADDRESS 2. ACTY-ST-2P 1. STREET ADDRESS 3. STREET ADDRESS 4. ACTY-ST-2P 1. TITLE 1. STREET ADDRESS 3. STREET ADDRESS 4. ACTY-ST-2P 1. STREET ADDRESS 4. ACTY-ST-2P 1. STREET ADDRESS 5. STREET ADDRESS 5. STREET ADDRESS 6. CITY-ST-2P 1. Change Addition 1. Addition 1. Addition 1. ADDRESS 1. CITY-ST-2P 1. Change Addition 1. ADDRESS 1. Change ADDRESS 1. Change Addition 1. ADDRESS 2. CANDARD ADDRESS 3. STREET ADDRESS 4. CITY-ST-2P 1. Change ADDRESS 6. CITY-ST-2P 1. C	24	25	29	29 30						∐No	
CATHCART, JOHN THOMAS 1587 SOUTH LYONS COURT OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 13. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or priced dates of registered agent and 350 if applicable. OPTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PARTICIPATION OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITION		9. Name and Address of Cur	rent Registere	d Agent				10. Name and Address of New	Registered	1 Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ne-corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the papers of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12.	CAT	LICART LOUIS THOMAS			81	Name					
OVIEDO FL 32765 83 64 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 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, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.					82	Street	Addres	ess (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 697.0502 and 697.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent agent and stell applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15.											
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 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, am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, byped or privated name of registered agent and title if appointment agent agreement agent agre	OVIE	DU FL 32/65			83						
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 Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Floridas Statutes. Signature					84	City				85 Zip C	Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Finding values, and accept the obligations of, Section 607,6955, Floridal States. 12.								the state of the s			rogistored
SIGNATURE Signature, typod or private name of registered agent and 19th of applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	11. Pursuant	to the provisions of Sections 607.0	9502 and 607.1 ate of Florida 5	508, Florida Statutes Such change was aut	s, the above thorized by	e-named the corp	corpor oration	ration submits this statement for the i's board of directors. I hereby acce	pt the appo	ointment as rec	gistered
12	agent. I a	m familiar with, and accept the obl	igations of, Se	ction 607.0505, Flori	da Statutes			•			
12	SIGNATURE								D. T.		
TITLE						t signature	required v		-	ND DIRECTO	RS IN 12
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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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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