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Secretary of State

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UNIFORM

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V37917**

1. Corporation Name
MEGA FORCE CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 13794 49TH ST N
 CLEARWATER FL 34620
 US

Mailing Address
 13794 49TH ST N
 CLEARWATER FL 34620
 US

3. Date Incorporated or Qualified
05/19/1992

4. FEI Number
59-3124610

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 Tax. Yes No

2. Principal Place of Business
 21 **10407 N US Hwy 41**

2a. Mailing Address
 26 **10407 N. US Hwy 41**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Palmetto, Fl.

28 City & State
Palmetto, Fl.

24 Zip
34221

25 Country
Manatee

29 Zip
34221

30 Country
Manatee

9. Name and Address of Current Registered Agent
CRAWFORD, EARL P.
1902 LIGHTFOOT RD
WIMAUMA FL 33598

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	CRAWFORD, EARL P.	
STREET ADDRESS	1902 LIGHTFOOT RD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Earl P. Crawford	
1.3 STREET ADDRESS	1902 Lightfoot Road,	
1.4 CITY-ST-ZIP	Wimauma, Fl. 33598	
2.1 TITLE	STD. AGENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maureen Crawford	
2.3 STREET ADDRESS	1902 Lightfoot Road	
2.4 CITY-ST-ZIP	Wimauma, Fl. 33598	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Maureen CRAWFORD **REQUIRED** **Maureen CRAWFORD** 3/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)