## 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 # P9700068819

|  | CONSTRUCTION, INC.   |  |   |  |  |  |                                      |  |
|--|--|--|---|--|--|--|--------------------------------------|--|
| Principal Place of Business Mailing Address 2755 PAZ PLACE PENSACOLA FL 32506 PENSACOLA FL 32506   |  |  | <del></del>   | • 108H08H118 (8H11 (8H11   | abin sonii Bânu Doun Bin   | U)   U  U(   E  U  |                                      |  |
| , chonoola i   | 7 C 32306  | PENSACOLA FL 32506   |   |  | . DO NO  | T WRITE IN THIS S  | DACE                                 |  |
|  |  |  |   |  | 3. Date Incorporated or Qu   |  | PACE                                 | 7  |
|  |  |  |   |  | 08/07/1997   | ialied .   |                                      |  |
| 2. Principal   | Place of Business  | 2a. Mailing Address  |   |  | 4. FEI Number  |  | - Τ Δ                                | plied For  |
| 21   | <i>(</i>   | 26   |   |  | 59-3460304   |  |                                      | ot Applicable  |
| Suite, Ap  | t. #, etc.   | Suite, Apt. #, etc.  | •   |  |  |  |                                      | Additional   |
| 22   |  | 27   | -   | - <del> </del>   | 5. Certificate of Status Des   | ired []  |                                      | equired.   |
| City & Sta   | ate  | City & State   | -   |  | 6. Election Campaign Fina  | ncing  | \$5.00                               | May Be   |
| 23   |  | 28   |   |  | Trust Fund Contribution  | - U  | Added                                |  |
| Zip  | Country  | Zip  | Country   | 7  | 8. This corporation owes th  | ne current year Intan  | gible                                |  |
| 24   | 25   | 29   | 30  |  | Personal Property Tax.   |  | Yes                                  | □No  |
|  | 9. Name and Address of Curre   | nt Registered Agent  |   | ·  | 10 Name and Address of   | New Registered Ag  | ent                                  |  |
|  | MATRE, THOMAS G JR.  | i.   | 81  |  |  |  |                                      |  |
|  | O BAYOU BOULEVARD  |  | 82  | Street Add   | dress (P.O. Box Number is Not A  |  |                                      |  |
|  | TE 16  |  | 83  |  | CARRY STOR AND SERV  | en og myttigheting til   | 15.6119.5                            | 10 m 12 m  |
| PEN  | ISACOLA FL 32503   |  | L.  |  |  |  | (1)                                  |  |
|  |  |  |   |  |  |  |                                      | I  |
| Simple of the  | ar e   |  | 84  | City   |  | FI   | 85 Zip (                             | Jode   |
| 11. Pursuant   | t to the provisions of Sections 607.050  | 02 and 607.1508, Florida Statute   | e the above   | e named con  | poration submits this statement t  | FL   |                                      |  |
| OHICE OF   | t to the provisions of Sections 607.057<br>registered agent, or both, in the State   | t of Florida. Such change was al   | es, the above   | e-named con  | poration submits this statement fi<br>ion's board of directors. I hereby                           | FL   |                                      |  |
| agent. I a   | am familiar with, and accept the obliga  | t of Florida. Such change was al   | es, the above   | e-named con  | poration submits this statement fi<br>ion's board of directors. I hereby                           | FL   |                                      |  |
| OHICE OF   | am familiar with, and accept the obliga  | ations of, Section 607.0505, Flor  | es, the above<br>uthorized by<br>ida Statutes   | e-named cor<br>the corporati   | ion's board of directors. I hereby   | FL   |                                      |  |
| agent. I a   | am familiar with, and accept the obligation of signature, typed or printed name of registered age  OFFICERS AT   | ations of, Section 607.0505, Flor  | es, the above<br>uthorized by<br>ida Statutes   | e-named cor<br>the corporati   | poration submits this statement to<br>ion's board of directors. I hereby<br>red when reinstating). | or the purpose of chi accept the appointn  | anging its<br>nent as re             | registered<br>gistered   |
| agent. I a   | am familiar with, and accept the obligation of signature, typed or printed name of registered age  OFFICERS AF   | ations of, Section 607.0505, Flor  | es, the above<br>thorized by<br>ida Statutes  | e-named cor<br>the corporati   | ed when reinstating)   | or the purpose of chaccept the appointn  | anging its<br>nent as re             | registered<br>gistered   |
| agent. I a   | Signature, typed or printed name of registered age OFFICERS AN  PD BOSSO, THOMAS E   | ations of, Section 607.0505, Florent and title if applicable.  ND DIRECTORS                        | es, the above<br>uthorized by<br>ida Statutes<br>Registered Ager  | e-named cor<br>the corporati   | red when reinstating)  ADDITIONS/CHANGES T   | or the purpose of chaccept the appointn  | anging its<br>nent as re-            | registered<br>gistered   |
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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 changed, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90049 049 \*\*\*150.00