**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 042 \*\*\*150.00

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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 DIVISIÓN OF CORPORATIONS

## DOCUMENT # F20859

1. Corporation Name

CONTRACT CONSTRUCTION, INC.

Principal Place of Business Mailing Address							i (AMII/AM tink timti parat imibi as	11 <b>0 10</b> 11 <b>0</b> 1011 011	111 61811 61811	
1193 ENTERPRISE DR BLDG A-UNIT 5		1193 ENTERPRISE DR BLDG A UNIT 5			·	DO NOT WRI	TE IN THIS :	SPACE		
PT CHARLOTTE US	FL 33953	PT CHARLOTTE FL 33953 US			3.	3. Date Incorporated or Qualifed				
00							02/17/1981			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number		A	pplied For
21		26					59-2060804			lot Applicable
Suite, Apt. #, etc.		<del>}</del>	Suite, Apt. #, etc.				. Certifcate of Status Desired		•	Additional Required
- City & Stat	9	City & State	- +			6.	i. Election Campaign Financing Trust Fund Contribution	· 🗖 ·		May Be I to Fees
Zip 24	Country 25	Zip	Со <b>.</b>	intry		8.	<ol> <li>This corporation owes the cun Personal Property Tax.</li> </ol>	ent year Inta	angible Yes	□No
	9. Name and Address of Current	t Registered Agent				10	). Name and Address of New I	Registered A	\gent	
ALTO CONTRACTOR OF THE PARTY OF				81	Name					
	recht, arthur B harbor blyd			82	Street Add	iress (i	P.O. Box Number is Not Accept	able)		
PORT CHARLOTTE FL 33952										
				84	City		,	FL	85 Zip	Code
	to the provisions of Sections 607.050.		0.1.1.1.1				aub-it- this statement for the		changing i	ts registered
office or r agent. I a SIGNATURE	to the provisions of Sections 607.050. egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation of the state of the obligation of	tions of, Section 607.05	was authorize 05, Florida Stat	utes	•			DATE		
12.		D DIRECTORS	13.	, .go	<b>.</b>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	PT	☐ DEL		TLE					Change	Addition
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			AMÉ						
STREET ADDRESS	1313 HARBOR BLVD		1.3 \$	TREET	ADDRESS					1
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	_	1.4 0	ITY-\$1	T-ZIP					
TITLE	VS	☐ DEL	ETE 2.1 T	TLE				•	☐ Change	Addition
NAME	ALBRECHT, MARY CATHERINE		2.2 N	AME	).					1
STREET ADDRESS	1313 HARBOR BLVD.		2.3 8	TREET	T ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL			CITY-S	IT-ZIP				☐ Change	e Addition
TITLE		DEL							criange	Addition
NAME			32N		T ADDRESS					31
STREET ADDRESS				ITY-S						
CITY-ST-ZIP		□ DEL			11-21				☐ Change	e Addition
NAME	·	_	4.21	VAME						
STREET ADDRESS			4.3.5	TREE	TADDRESS					
CITY-ST-ZIP			4.4 0	πy-s	T-ZIP					
TITLE		□ DEL							Change	e 🗌 Addition
NAME			5.2 N	IAME				-		
STREET ADDRESS			5.3 \$	TREE	T ADDRESS					
CITY-ST-ZIP				aty-s	T-ZiP					
TITLE		☐ D£L		TILE					Change	e
NAME	·			IAME	T ADDRESS					

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.

6.4 CITY+ST-ZIP

SIGNATURE:

Mary CS Albrecht