Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057779

1. Corporation Name

ACACIA INTERNATIONAL CONSTRUCTORS, INC.

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | 1411 1411 1411 1411 1411 1411 |
|---|--|---|---|----------------------|-----|----------------------|---|------------------|---------------------------------------|--|
| Principal Place | e of Business | _ | Mailing Address | | | | 1 (BBI(BBI (IN ININI INII ANII) | itti dibini mana | 3 | |
| 2828 BANCHORY RD 2828 BANCHORY RD | | | | | | | | | | |
| WINTER PARK FL 32792 WINTER PARK FL 32792 | | | | | | | DO NOT WR | TE IN THIS | SONCE | |
| | | | | | | | 3. Date Incorporated or Qualifed | | STACE | |
| | | | | | | | 1 | | | |
| | | _ | - 18-90- 6 dalama | | | | 06/26/1998 4. FEI Number | | Hove Ap | aliad Ear |
| | lace of Business | ⊢ | 2a. Mailing Address | | | | 59-3530939 | • | | Applicable |
| 21] | | 2 | Suite, Apt. #, etc. | | | | 07 3820 107 | | \$8.75 A | |
| Suite, Apt. | #, etc. | | Suite, Apr. #, etc. | | | | 5. Certifcate of Status Desired | | Fee Re | quired |
| City & Stat | te | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | , |
| 23 | | 12 | 8 | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | у | Zip | Count | try | | 8. This corporation owes the cur | rent year In | tangible | c.C. |
| 24 | 25 | | 9 | 30 | | | Personal Property Tax. | | · · · · · · · · · · · · · · · · · · · | X No |
| | 9. Name and Addre | ss of Current Re | gistered Agent | | | | 10. Name and Address of New | Registered | Agent | |
| | | | | 8 | 31 | Name | | | | |
| GARDNER, WALTER C 2828 BANCHORY RD | | | | | 32 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| WINTER PARK FL 32792 | | | | | 33 | | | | | |
| AAIIA | IEN FANN FL 32/32 | | | l° | 33 | | | | | |
| | | | | 8 | 34 | City | | FI | 85 Zip C | ode |
| office or r | egistered agent, or both m familiar with, and acc | , in the State of Fi ept the obligations | orida, Such change was a of, Section 607.0505, Flo | nda Statuti | es. | the corporation | oration submits this statement for the n's board of directors. I hereby acce | pt the appo | intment as rec | gistered : |
| | Signature, typed or printed name | FFICERS AND D | W-0 11 | 13. | yem | r agriatuse redoireo | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECTO | RS IN 12 |
| 12. | Diretor - 1 | Pricers AND D | DELETE | 1,1 TITU | F | | ABBITTORIO/O: IVIII-OEO 1.0 S. | | ☐ Change | ☐ Addition |
| | Walter C. | Condo | # 346) .C. Decere | 1.2 NAM | | | | | | |
| NAME | wairer C. | - Samuel P | \vec{J} . | | | ADDRESS | | | | Ì |
| STREET ADDRESS | 2828 Bar Winter Fe | 2101 10 | 22797. | | | | | | | |
| CITY-ST-ZIP | WINTER | erk, FC - | DELETE | 1.4 CITY 2.1 TITU | | 1-219 | 1.00 | | Change | Addition |
| TITLE | | | | 2.2 NAM | | | | | | |
| NAME | | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | | 2.3 3 IK | | | _ | | | - 1 |
| CITY-ST-ZIP | ~ | | | 3.1 TITL | | | | | Change | Addition |
| TITLE | | | | 3.2 NAM | | | | | | |
| NAME STREET ADDRESS |) | | | | | ADDRESS | • | | | |
| | | | | 3.4. CIT | | | | | | |
| CITY-ST-ZIP TITLE | | _ | ☐ DELETE | 4.1 TITU | | | | | ☐ Change | ☐ Addition |
| NAME | | | | 4. 2 NAM | ИΕ | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITU | | | | | ☐ Change | ☐ Addition |
| NAME | | | | . 5.2 NAM | Æ | | | | | |
| STREET ADDRESS | | | | 5.3 STR | EET | FADDRESS | | | | |

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.

467-342-498

☐ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ICER OR DIRECTOR

Addition

Change