

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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 028 ***150.00

DOCUMENT # H57125

1. Corporation Name
PYRAMID CONSTRUCTION & DESIGN INC.



Principal Place of Business
320 WEST PERSHING STREET
TALLAHASSEE FL 32301

Mailing Address
320 WEST PERSHING STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 608 HAMPTON AVE
Suite, Apt. #, etc.
22
City & State
23 TALLAHASSEE, FL
Zip Country
24 32310 25 LEON

2a. Mailing Address
26 608 HAMPTON AVE
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE FL
Zip Country
29 32310 30 LEON

3. Date Incorporated or Qualified
05/15/1985

4. FEI Number
59-2526521

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KHUFU, WESSER RA KA
320 WEST PERSHING STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHUFU, WESSER RA KA	1.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, KERMIT	2.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, ABRAHAM	3.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JAMES	4.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANZA, FRANK	5.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, EARL	6.2 NAME	
STREET ADDRESS	320 WEST PERSHING STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	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: WESSER RA KA KHUFU / WESSER RA KA KHUFU 9/15/99 850-681-3760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0060035

~~6175944000228~~

H57125

617984-90019-28

~~617984-90019-28~~

TO WHOM IT MAY CONCERN:

MY NAME IS WESER KHUFU, OWNER AND OPERATOR OF PYRAMID CONSTRUCTION & DESIGN INC. DURING THE MONTH OF JAN. 1998 I MOVED FROM THE ADDRESS OF 320 W. PERSHING STREET TO 608 HAMPTON AVE. ~~THE~~ IN JUNE MY NEIGHBOR GAVE ME SOME OF MY OLD MAIL. IN THAT MAIL WAS MY 1999 PROFIT-CORPORATION ANNUAL REPORT. I CALL THE DEPARTMENT OF STATE ABOUT MY MOVING AND MY MAIL. I WAS TOLD NOTHING COULD BE DONE AND I HAD TO PAY \$550. TODAY I WAS TOLD TO WRITE A LETTER EXPLAINING MY CHANGE OF ADDRESS AND SEND A CHECK FOR \$150.

SHOULD YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION PLEASE CONTACT ME AT 681-3760.

THANK YOU

Weser Pa Ka Khufu