

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90008 025 ***158.75

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✓ PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **255867**

1. Corporation Name
MATHEWS CORPORATION
DIB/A MATHEWS CONSTRUCTION



Principal Place of Business: ~~3514 ARCH STREET TAMPA FL 33607~~
1604 N. MARION ST. TAMPA FL 33602

Mailing Address: ~~3514 ARCH STREET TAMPA FL 33607~~
1604 N. MARION ST TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1604 N. MARION ST**

2a. Mailing Address: **1604 N. MARION ST**

22. Suite, Apt. #, etc.

23. City & State: **TAMPA FL**

24. Zip: **33602** 25. Country: **USA**

27. City & State: **TAMPA FL**

29. Zip: **33602** 30. Country: **USA**

3. Date Incorporated or Qualified: **02/12/1962**

4. FEI Number: **59-0967052** Applied For: Not Applicable

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

9. Name and Address of Current Registered Agent
OELLERICH, DAVID E.
~~3514 ARCH STREET TAMPA FL 33607~~

10. Name and Address of New Registered Agent

81 Name: **OELLERICH, DAVID E.**

82 Street Address (P.O. Box Number is Not Acceptable): **1604 N. MARION ST**

83

84 City: **TAMPA** FL 85 Zip Code: **33602**

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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	ELFLER, PATRICIA → should be EIFLER
STREET ADDRESS	1724 TALLOWTREE CR. VALRICO FL 33594
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PCEO
STREET ADDRESS	OELLERICH, DAVID E 448 LUCERNE AVENUE TAMPA FL 33606
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	OELLERICH, HERMAN J 103 MARTINIQUE AVENUE TAMPA FL 33606
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D + Sec.
STREET ADDRESS	OELLERICH, MARY ELLEN 448 LUCERNE AVENUE TAMPA FL 33606
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	EVP
STREET ADDRESS	MAHONEY, MICHAEL 750 ALDA WAY ST. PETERSBURG FL 33704
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)