## 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 # 286370

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90178 019 \*\*\*150.00

JOSEPH	I N. HOLTON, CONSTRUC	TION C	OMPANY, INC.									
		M El			· j	٠٠. پئ						
D. S. S. L. Dies	1965 1 (1965) 1 (1965	in the	ilion Addrone		K.	<u>· ·                                    </u>		<b>                                  </b>	ii firii didii			
•	ce of Business		iling Address		,							
1123 SE 4TH STREET GAINESVILLE FL 32601  1123 SE 4TH STREET GAINESVILLE FL 32601								DO NOT WRITE IN T	HIS SPACE			
								3. Date Incorporated or Qualifed				
								10/23/1964			•	
Principal Place of Business     2a. Mailing Address								4. FEI Number			lied For	
21 26								59-1058205			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22         27           City & State         City & State								6. Election Campaign Financing 55.00 May Be				
23 28								Trust Fund Contribution - Added to Fees				
Zip	Country	- 20	Zip	Cour	ntry			8. This corporation owes the current year	Intangible			
24 25			29 30				ĺ	Personal Property Tax.	Yes	E	]No	
	9. Name and Address of Curre		tered Agent					10. Name and Address of New Register	ed Agent			
			<u> </u>	_ [	81	Name						
HOLTON, DANIEL L. 1123 S.E. FOURTH ST.					82 Street Address (P.O. Box Number is Not Acceptable)							
GAINESVILLE FL 32601-8007					83						_	
						0.7		<u></u>	logi	Zio C	- de	
					84	City			-L	Zip Ci		
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florid	la. Such change was a	uthorized	by 1	the corp	oration	ation submits this statement for the purpos 's board of directors. I hereby accept the ap	pointment a	is reg	stered	
	Signature, typed or printed name of registered ag			_	Agent	t signature i	required w	ADDITIONS/CHANGES TO OFFICERS		CTO	S IN 12	
12.	OFFICERS A	ND DIRE	CTORS DELETE	13.			1	ADDITIONS/CHANGES TO OFFICERS	Cha		Addition	
TITLE	PSD			1.1 111					ال ال	ngo		
NAME	HOLTON, DANIEL			1.2 NA								
STREET ADDRESS		040		H		ADDRESS						
CITY-ST-ZIP	ARCHER, FLORIDA 00000 32	518	☐ DELETE	1.4 CIT 2.1 TIT		r-zip_			[14 Cha	nge	Addition	
TITLE	HOLTON DODOTINA			2.1 III 2.2 NA					<u></u>	,,go		
NAME	HOLTON, DOROTHY L					ADORESS	20	te c . Bet 24 cman				
STREET ADDRESS	1							16 S.m. 847# STAFE INESVILLE, FL, 3260	7			
CITY-ST-ZIP	GAINESVILLE, FL 00000 3260	16	☐ DELETE	2. 4 Cr 3.1 TIT		(-ZiP	023	, , , , , , , , , , , , , , , , , , ,	<u>.</u> ₽€cha	nae	Addition	
TITLE	D LIGHTON JOSEPH			3.2 NA					<b></b>		<b>.</b> _	
NAME	HOLTON, JOSEPH   2351 SW 27TH AVE					ADDRESS	38	IC S.W. 84TH STREET				
STREET ADDRESS	1	10		3.4. CI				WESVILLE, FL. 32608		•		
CITY-ST-ZIP	GAINESVILLE, FL 00000 3260	Ю	☐ DELETE	4.1 TIT		1-ZIP	377.		☐ Cha	nge	Addition	
TITLE NAME	FLOYD, GARY L.		ــــــــــــــــــــــــــــــــــــــ	4. 2 NA						-	_	
STREET ADDRESS				ı		ADDRESS	}					
CITY-ST-ZIP	GAINESVILLE FL 32608			4.4 CIT								
TITLE	WHITE TILE I E DEVOL		☐ DELETE	5.1 TIT					[ Cha	nge	Addition	
NAME				5.2 NA								
STREET ADDRESS						ADDRESS		••				
CITY-ST-ZIP	Ί			5.4 CIT								
TITLE			☐ DELETE	6.1 TIT			<b>†</b>		☐ Cha	nge	Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRESS						
STREET ADDRESS	<b>'</b>						i				ĺ	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

then mesilen 17 FEB 99

(352)378-1448