PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

02-24-1999 90169 048 ***150.00

DOCUMENT # 297210

ENDICO	TT BUILDERS, INC.									
Principal Place of Business Mailing Address						1 100110 (1010 10111 10		(818)) 818)) 818)((91 9 71 0 101	1 61511 1651
128 SIRENA DR LAKE PLACID F US		128 sirena drive Lake placid FL 33852 US	LAKE PLACID FL 33852		:	DO N	IOT WRITE IN	THIS SPACE		
					3.	Date Incorporated or 09/29/1965	Qualifed	•		
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number			Appli	ed For
21		26	26			59-1104006			Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	—		5.	Certificate of Status D	esired 🔲		75 Add e Requ	
City & Stat	е	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Countr	y	8.	This corporation owes	the current y	ear Intangible		
24	25	29 . 30	0		1	Personal Property Ta		X Yes	· [No
Name and Address of Current Registered Agent					10.	Name and Address	of New Regis	tered Agent		
ENDICOTT, W H 128 SIRENA DR LAKE PLACID FL 33852				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83						
			84	' '				FL T	Zip Cod	
office or re	egistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florid	norized by	the corpora	rporatior ition's bo	n submits this statement pard of directors. I here	nt for the purpo by accept the	ose of changin appointment a	g its regis	gistered tered
SIGNATURE		Alore P	:		icad whom a	oinstation)	Dr	ATE .		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS				nt signature requ	ignature required when reinstating) ADDITIONS/CHANGES TO OFFICE					
TITLE	ST OFFICERS /	DELETE	13.					☐ Cha		Addition
NAME				I.2 NAME						
i			1	.3 STREET ADDRESS						
STREET ADDRESS	LAKE PLACID, FL 00000			1.4 CITY-ST-ZIP						
CITY-ST-ZIP)1~ZIP				[] Cha	nge	Addition
	ENDICOTT, W HARRISON			2.1 TITLE 2.2 NAME		٠	•	 ,	-	
NAME	128 SIRENA DR			T ADDRESS			•			
STREET ADDRESS	LAKE PLACID, FL 00000		2.4 CITY-	ľ				•		
CITY-ST-ZIP	EANE I EAGID, I E 00000	□ DELETE	3.1 TITLE	91-4IF			4.	Cha	nge -	- Addition
NAME			3.2 NAME					. —		1
				TADORESS						
STREET ADDRESS			3.4. CITY-				•			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-41			•	Cha	nge	Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

DELETE

☐ DELETE

2/13/99

(941) 465-4770 Dayling Phone #

Change

☐ Change

CR2F034 (11/98)

Addition

☐ Addition