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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90086 034 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 328726

1. Corporation Name

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TUCKER, L.D. JR.

130 LK, MARIAN WAY

WINTER HAVEN FL

TUCKER, TERRELL R

WINTER HAVEN FL

4310 SHADOW WOOD TR SW

TITLE

NAME

TITLE

TUCKER CONSTRUCTION & ENGINEERING, INC.

Principal Place of Blusiness \$353 U.S. HWY 17 NORTH WINTER HAVEN FL 33881-1447 2. Principal Place of Business 2. Meiling Address 2. Meiling Address 2. Principal Place of Business 2. Meiling Address 353 U.S. HWY 17 NORTH WINTER HAVEN FL 33881-1447 2. Principal Place of Business 2. Meiling Address 353 U.S. HWY 17 NORTH WINTER HAVEN FL 33881-1447 2. Principal Place of Business 3. List Pursuant to the proposed control of the Surface Agent 3. Country 3. Double Apt. #. etc. 3. Double,	3535 LIS. HWY 17 NORTH 3595 LIS. HWY 17 NORTH WINTER HAVEN FL 33881-1447 WINTER HAVEN FL 33881-1447	_
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2. Principal Place of Business	26	DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applied For	Suite, Apt. #, etc.	
2. Principal Place of Business	Suite, Apt. #, etc.	1
Suite, Apt. #, etc. Tec. Required City & State Suite, Apt. #, etc. S	Suite, Apt. #, etc.	
Suite, Apt. #, etc. 277 Suite, Apt. #, etc. 277 City & State	Suite, Apt. #, etc. 22 City & State City & State 23 Zip Country Zip Signature B1 Name B2 Street Addres B3 Street Addres B3 Street Addres B3 City All Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corpor, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required we get a country of the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required we get a country of the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required we get a country of the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	
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City & State 23	City & State 23 Zip Country Zip Country 24 25 9. Name and Address of Current Registered Agent TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 84 City T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor. office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, yped or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13. TITLE PD TUCKER, L.D. 227 LAKE LINK DRIVE WINTER HAVEN FL TITLE S. DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DOUTHIT, JESSE F. 2.024 OVERLOOK DR. WINTER HAVEN FL TITLE DOUTHIT, JESSE F. 2024 OVERLOOK DR. WINTER HAVEN FL TITLE DELETE 4.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE DOUTHIT, JESSE F. 2024 OVERLOOK DR. WINTER HAVEN FL TITLE DELETE 4.1 TITLE 4.1 TITLE 4.1 TITLE DELETE 4.1 TITLE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE	5. Certificate of Status Desired Fee Required
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Zip Country Zip Country Zip Country Age Country Personal Property Tax.	Zip Country Zip Country Zip Country 24	
9. Name and Address of Current Registered Agent TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 84 City FL 85 Zip Code T1. 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped 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 PD	TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 with a property of the corporation 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 with a property of the corporation agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ITITLE 14. CITY-ST-ZIP WINTER HAVEN FL 15. TUCKER, L.D. 16. DELETE 17. TITLE 18. DELETE 18. TITLE 19. DELETE 11. LAKEVIEW DR. 21. STREET ADDRESS 22. AUBURNDALE FL 11. LAKEVIEW DR. 23. STREET ADDRESS CITY-ST-ZIP TITLE DOUTHIT, JESSE F. 32. NAME 33. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 10. DELETE 41. TITLE 10. DELETE 41. TITLE 10. DELETE 41. TITLE	8. This corporation owes the current year Intangible
TUCKER, LD. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 82 Street Address (P.O. Box Number is Not Acceptable) 83	TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 82 Street Addres 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 with the signature agent and title if applicable.) 12. OFFICERS AND DIRECTORS 13. TITLE PD NAME TUCKER, L.D. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE 1.4 CITY-ST-ZIP TITLE D NAME REEVES, SHERDELL C. 22 NAME STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL TITLE D DOUTHIT, JESSE F. 32 NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DOUTHIT, JESSE F. 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DOUTHIT, JESSE F. 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DOUTHIT, JESSE F. 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DOUTHIT, JESSE F. 34 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE A.4 CITY-ST-ZIP TITLE D DELETE A.4 CITY-ST-ZIP TITLE A.5 TITLE A.6 CITY-ST-ZIP TITLE D DELETE A.4 CITY-ST-ZIP TITLE A.5 TITLE A.6 CITY-ST-ZIP TITLE D DELETE A.4 CITY-ST-ZIP TITLE A.5 TITLE A.6 CITY-ST-ZIP TITLE D DELETE A.4 CITY-ST-ZIP	Personal Property Tax. ☐ Yes ☐ No
TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 84 City FL 85 Zip Code 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 agent, and taken the objective hooligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and mainliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped 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 PD D DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS WINTER HAVEN FL 1.3 SIRRET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP TITLE S DELETE 2.1 TITLE S DELETE 2.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP DELETE 3.3 TITLE D DELETE 3.1 TITLE D DELETE 3.2 NAME STREET ADDRESS	TUCKER, L.D. 3535 US HWY 17 NORTH WINTER HAVEN FL 33880 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 we state of Florida. Such change was authorized by the corporation 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 we are applicable.) 12. OFFICERS AND DIRECTORS 13. TITLE NAME TUCKER, L.D. 12 NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 13 STREET ADDRESS CITY-ST-ZIP TITLE D. DELETE 31 TITLE D. DELETE 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DOUTHIT, JESSE F. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE D. DELETE 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE D. DELETE 41 TITLE 41 TITLE D. DELETE 41 TITLE D. DELETE 41 TITLE A. CITY-ST-ZIP TITLE D. DELETE A. CITY-ST-ZIP	10. Name and Address of New Registered Agent
SITENT ADDRESS TILE SETENT ADDRESS STREET ADDRESS	WINTER HAVEN FL 33880 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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. OFFICERS AND DIRECTORS 11. TITLE PD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 1.2 NAME REEVES, SHERDELL C. 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D. AUBURNDALE FL D. DELETE 1.1 TITLE 2.2 NAME 1.2 STREET ADDRESS CITY-ST-ZIP TITLE D. DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D. DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D. DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE 1.4 TITLE 4.1 TITLE D. DELETE 1.4 TITLE 4.1 TITLE	
WINTER HAVEN FL 33880 83 64 City FL 85 Zip Code T1. 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 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 PD TUCKER, L.D. 227 LAKE LINK DRIVE 13 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 14 CITY-ST-ZIP TITLE S DELETE 111 LAKEVIEW DR. AUBURNDALE FL D. NAME DOUTHIT, JESSE F. 32 NAME STREET ADDRESS	WINTER HAVEN FL 33880 83 84 City T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor. office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 with a policable agent and title if applicable agent and title if applicable agent and agent agent agent and agent agent and agent	ess (P.O. Box Number is Not Acceptable)
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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.

6.2 NAME

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

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5.1 TITLE 5.2 NAME

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L.D. Tuckerasr:RE

1/7/99

941-299-4444

☐ Change

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Daytime Phone #