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

Mailing Address 7600 NW 69HT AVE

MEDLEY FL 33166

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 047 ***150.00

DO NOT WRITE IN THIS SPACE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 344570

P.J. CONSTRUCTORS, INC.

Principal Place of Business

7600 NW 69TH AVE MEDLEY FL 33166

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

US US					3. Date Incorporated or Qualifed			
					04/15/1969			l
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	ı
21 26			•		59-1272164		Not Applicable	!
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desired	\$8.75 Additional		
City & State	<u></u>	City & State			6. Election Campaign Financing	\$5.0	May Be	7
23	28				Trust Fund Contribution		to Fees	i
Zip			Cour	ntry	8. This corporation owes the current year	ar Intangible		ĺ
		25 29 30		•	Personal Property Tax.	Yes	ZN₀	l
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registe	red Agent		l
	5. Name and Address of Correll	Registered Agent		81 Name				l
C1 10	TILL, PAUL J.		Į	1				l
	I SW 57TH ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	Ē		l
			- }					l
MIAN	MI FL			83				l
				84 City	<u></u>	FL 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607,0502	2 and 607.1508. Florida Statutes	, the ab	ove-named corp	poration submits this statement for the purpor	se of changing i	ts registered	(
office or re	egistered agent, or both, in the State o	of Florida. Such change was auti	топиев	by the corporate	ion's board of directors. I hereby accept the a	ppointment as	registered	ĺ
agent. i ai	m familiar with, and accept the obligati	ions of, Section 607:0305, Florid	a Statt	183.				ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egistered .	Agent signature requin				6
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			F034 (11/98)
TITLE	PD	☐ DELETE	1.1 111	LE		Change	e 🔲 Addition	1
NAME	GUPTILL,PAUL J		12 NA					8
STREET ADDRESS	7600 NW 69TH AVE		1.3 ST	REET ADDRESS				E
CITY-ST-ZIP	MIAMI FL	1.4 C		Y-ST-ZIP				R3
TITLE	SD	☐ DELETE	2.1 111	LE .		☐ Change	e 🔲 Addition	ا ر
NAME.	MYRICK, MORTON B.		2.2 NA	ME [ĺ
STREET ADDRESS	7600 NW 69TH AVE			REET ADDRESS	·			l
				ry-st-zip	·			İ
CITY-ST-ZIP	MEDLEY FL	DELETE 31 TT				Change	e Addition	2
TITLE	D ADVED JOUR	7	3.2 NA					
NAME	PARKER, JOHN			-				
STREET ADDRESS	7600 NW 69TH AVE	•		REET ADDRESS				1
CITY-ST-ZIP	MEDLEY FL		-	ry-st-zip		Change	e Addition	} .
TITLE	D .	DELETE	4.1 TIT	₽		Change	B Madaga] ,
NAME	MCCOY, FRANK D.		4. 2 NA	ME				
STREET ADDRESS	7600 NW 69TH AVE		4.3 ST	REET ADDRESS				1
CITY-ST-ZIP	MEDLEY FL	4.4.0		Y-ST-ZIP				1
TITLE		☐ DELETÉ	5.1 TIT	LÉ		Change	e Addition	1
NAME			5.2 NA	ME				1
STREET ADDRESS			5.3 ST	REET ADDRESS				1
CITY-ST-ZIP			5.4 CI	Y-\$T-ZIP				1
0111-31-ZIF		□ 0ELETE	6170			Change	e	ĺ

6.2 NAME

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 suppliemental 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 fustee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP