Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 013 ***150.00

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

Corporation	MENT # 35363	36			
	CONSTRUCTION COMPA	NY			
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·	ce of Business	Mailing Address			814 81833 81831 81814 81841 \$1\$14 1 4 84
2433 E MAIN : Lakeland Fl		2433 E MAIN ST LAKELAND FL 33801			
CANCLAND PL 33801				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				10/10/1969	
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		59-1309263	, Not Applicable
22	. n, 6 tc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zîp	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	☑ Yes ☐ No
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
SPE	IR, ANNIE RUTH				
	3 PL PLACE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAK	ELAND FL 33801		83		S. C. C. A. ST. Paul M. C.
			84 City		的 人名英格兰 建二氯
			84 City		85 Zip Code
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11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the ob	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 607.0505, Flor	es, the above-named corputhorized by the corporational Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
11. Pursuant office or r agent. I a SIGNATURE	am familiar with, and accept the ot	bligations of, Section 607.0505, Flor	ida Statutes.		of changing its registered pointment as registered
agent. I a	am familiar with, and accept the ob-	bligations of, Section 607.0505, Flor	es, the above-named corputhorized by the corporation of the corporatio	ed when reinstating) DATE	<u> </u>
agent. I a	Signature, typed or printed name of registered OFFICERS	Digations of, Section 607.0505, Flor	ida Statutes. Registered Agent signature require		<u> </u>
agent. I a SIGNATURE	Signature, typed or printed name of registeres OFFICERS PD SPEIR, ANNIE RUTH -	oligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS	Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registeres OFFICERS PD SPEIR, ANNIE RUTH - 1323 PLEASANT PLACE	oligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: 1

1-18-99 1-941-665-3613 Date Daylime Phone #