Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90038 044 \*\*\*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

## DOCUMENT # 362815

1. Corporation Name

**LOFTIN CONSTRUCTION COMPANY** 

,											
Principal Place	e of Business	Mailing Addres	s								
	e plaza dr ste 1		PLAZA DR STE 1	1							
P O BOX 10003 PENSAGOLA FL 32504		P O BOX 10003 PENSACOLA FL	3250A				DO NO	T WRITE IN T	HIS SPAC	Ε	
PENSAGULA FL	. 32304	renakogek re	32304				orporated or Q			-	
						04/20/				1 4	
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Num		سے در ہو	-	<del>-{``</del>	ed For Applicable
<del></del> -	<u> </u>	26	4 -4-			J <del>3</del> 123	<del>03</del> 33		΄ ¢Ω	.75 Ad	<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certifcate	e of Status Des	sired 🗌		ee Regu	
22		City & State								<u> </u>	
City & Stat	e	— <u>←</u> ′	,			<b>I</b>	Campaign Finand Contribution	- 11	•	<b>5.00</b> м dded to	•
23	Country	28		ountry			oration owes t				1 005
Zip	· ·	29	30	ourn'y		1 ' '	Property Tax.	-	i ilitarigible ∐Ye		]No
24	9. Name and Address of Curr						nd Address of		red Agent		
	5. Name and Address of Cur	rent registered Agent		81	Name						
LOFT	ΠN, JOE M.					Loftin,					
1154	ELLISON DRIVE			82	Street A	Address (P.O. Box N 2447 Ex	lumber is Not	Acceptable) Plaza	Dr.	Ste	. 1
PENSACOLA FL 32504				83		244/ HA	CCUOIV				<del></del>
1						Pensaco	ia;=Pt:	==32504	}		
<b> </b>	,			84	City	Pensaco	1a.		EL 85	Zip Co 325	04
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Flo	rida Statutes, the	above	-named o	compression submits	this statement	for the purpos	e of chang	ng its re	gistered
office or o	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ite of Florida. Such cha	nge was authoriz	zea ov t	he corpo	ration's board of dir	ectors. I hereb	y accept the a	opointment	as regis	stered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Agent	signature re	quired when reinstating)		DAT			
12.		AND DIRECTORS	1:				NS/CHANGES	TO OFFICERS	AND DIR	ECTOR	S IN 12
TITLE	PTD		DELETÉ 1.1	TITLE		PD			□ Ct	ange	X Addition
NAME	LOFTIN, JOE M.		1.2	2 NAME	ļ	Loftin,	J. Ken				
STREET ADDRESS	1154 ELLISON DRIVE		13	STREET	ADDRESS		+ i 170	Plaza	D 0	te.1	
	PENSACOLA FL			, O 11 (CC ) ,		2447 Exe	CULTVE		Dr.S		
CITY-ST-ZIP	VS			CITY. ST.		2447 Exe			Dr.S		
	LOFTIN, WYNINE H.	ter i		CITY-ST		Pensaco1				nange	Addition
NAME	LOI IIIV. IVIIIVIL II.	X.	DELETE 2.1	TITLE		Pensacol V	a, FL	32504			<b>X</b> Addition
STREET ADDRESS		<b>X</b>	DELETE 2.1	TITLE 2 NAME	-ZIP	Pensacol V Vann, De	a, FL	32504	CI	nange	
CITY-ST-ZIP	1154 ELLISON DR	<b>X</b> I	DELETE 2.1 2.2 2.3	NAME STRÉET	-ZIP ADDRESS	Pensacol V Vann, De 2447 Exe	a, FL ed, P. cutive	32504 Plaza	CI	nange	
TITLE		υ η, «ν <del>»</del>	DELETE 2.1 2.2 2.3 2.4	NAME STREET / 4 CITY-ST	-ZIP ADDRESS	Pensacol V Vann, De 2447 Exe Pensacol	a, FL ed, P. cutive	32504 Plaza	Dr.,	nange	.1
TITLE	1154 ELLISON DR	υ η, «ν <del>»</del>	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1	NAME STREET CITY-ST TITLE	-ZIP ADDRESS	V Vann, De 2447 Exe Pensacol CT	a, FL ed P. cutive a, FL	32504 Plaza	Dr.,	ste	.1
NAME	1154 ELLISON DR	υ η, «ν <del>»</del>	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1	NAME STREET CITY-ST TITLE NAME	ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin,	a, FL ed P. cutive a, FL	32504 Plaza 32504		Ste	• 1
	1154 ELLISON DR	υ η, «ν <del>»</del>	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3	NAME NAME STREET TITLE NAME STREET	ADDRESS - ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Ste	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1154 ELLISON DR	,	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4	NAME NAME STREET CITY-ST TITLE NAME STREET STREET CITY-ST	ADDRESS - ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin,	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Ste	Addition
NAME STREET ADDRESS	1154 ELLISON DR	,	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1	1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE	ADDRESS - ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Ste	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1154 ELLISON DR	,	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1	1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 2 NAME	ADDRESS F-ZIP ADDRESS F-ZIP	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Ste	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	1154 ELLISON DR PENSACOLA FL	,	DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1	1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 2 NAME	ADDRESS - ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Ste	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4	1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 3 STREET / 4 CITY-ST	ADDRESS F-ZIP  ADDRESS F-ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza	Dr.,	Stemange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4 DELETE 5.1	1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 1 TITLE	ADDRESS F-ZIP  ADDRESS F-ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza	Dr.,	Ste	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4 DELETE 5.1 5.2	TITLE NAME STREET STREET TITLE NAME STREET ACITY-ST TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza	Dr.,	Stemange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4 DELETE 5.1 5.2	TITLE NAME STREET STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza	Dr.,	Stemange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4 DELETE 5.1 5.2 5.3 5.4	TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE  NAME  STREET / CITY-ST  TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Stemange te.1	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1154 ELLISON DR PENSACOLA FL		DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1 4.3 4.3 4.4 DELETE 5.1 5.2 5.3 5.4 DELETE 6.1	TITLE NAME STREET STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	Vensacol Vann, De 2447 Exe Pensacol CT Loftin, 2447 Exe	a, FL ed_P. cutive a, FL Joe M. cutive	32504 Plaza 32504 Plaza		Stemange	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 frue 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 exposured 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Daytime Phone #