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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 416906

BENTLEY CONSTRUCTION CO., INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90182 048 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address				1 18211 2124 1120 2114 1210 2111 1211 1211
14572 PABL() TERERACE JACKSONVILLE FL 32224		14572 PABLO TERER				
		JACKSONVILLE FL 32224				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/17/1973
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				<b>59-1434864</b> Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Sta	ite	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Cour try	Zip		ountry		8. This corporation owes the current year intangible
24	25		30			Persor al Property Tax. Yes XNo
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
REN	ITLEY, JAMES A.			6'	Name	
	72 PABLO TERRACE			82	Street Ac dr	dress (P.O. Box Number is Not Acceptable)
	KSONVILLE FL 32224			83		
				84	City	FL 85 Zip Code
SIGNATUFE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOT E Register	ed Ager	nt signature require	red when reinstating) DATE
12.		() DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	☐ DELE	TE 1.1	TITLE		☐ Change ☐ Addition
NAME	BENTLEY, JAMES A. JR.		1.2	NAME		
STREET ADDRESS	14572 PABLO TERRACE		1.3	STREET	T ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-S	T-ZIP	
TITLE	P	☐ DELE	TE 2.1	TITLE		Change Addition
NAME	BENTLEY, CAROL			NAME		
STREET ADDRESS					FADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	DELE:		CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DEFE	4	TITLE		
NAME				NAME STREET	T ADDRESS	
STREET ADDRESS				CITY-S		
CITY-ST-ZIP TITLE		DELE		TITLE	11-2IF	☐ Change ☐ Addition
NAME				NAME		<del>_</del>
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		☐ DELE		TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS	s		5.3	STREE	TADDRESS	
CITY-ST-ZIP			5.4	CITY-S	T-ZIP	
TITLE		☐ DELE	TE 6.1	TITLE		☐ Change ☐ Addition
NAME			6.2	NAME		
STREET ADDRESS	5		6.3	STREE	TADDRESS	

6.4 CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

SIGNATURE: