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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 446208

1. Corporation Name

MARSTON CONSTRUCTION CO., INC.

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Princip	al Place	of Business	Mailing Address	_			i 1821și Alan 21010 Antib IISh aan		11 B1811 B1911 B	18(1 B) B1 1 18 B1
1405 GRANDVIEW DR. 1405 GRANDVIEW DR.										
TARPON SPRINGS FL 34689			TARPON SPRINGS FL 34689				DO NOT WRITE IN THIS SPACE			
								E IN THIS S	PACE	
							3. Date Incorporated or Qualifed 02/12/107/			
		(D)	Te Mailing Address	_			02/12/1974 4. FEI Number	<del></del>	ΙΔnr	olied For
	ncipal Pi	ace of Business	2a. Mailing Address			ļ	59-1541651 <u> </u>			Applicable
21	4 - Amt -	#	Suite, Apt. #, etc.				39-1341031		\$8.75 A	
_	te, Apt. i	#, etc.	— ` ` `				5. Certifcate of Status Desired		Fee Re	
22 Cit	/ & State		City & State	<del>-</del>			6. Election Campaign Financing		\$5.00	May Re
23	d Olaic	•	28				Trust Fund Contribution		Added to	
Zip		Country	Zip	Count			8. This corporation owes the curre	ent vear Intai	ngible	
24		25		30			Personal Property Tax.			□No
<u> </u>		9. Name and Address of Curre					10. Name and Address of New R	egistered A	gent	
				8	1 Name	)				-
	MAR	STON, CONSTANTINOS		8	2 Strop	t Addros	s (P.O. Box Number is Not Accepta	hle) '		
	1405	Grandview Dr.		°	2 3000	i Addies	s (F.O. Box Number is Not Acceptat	Dic,		
	TARF	PON SPRINGS FL 34689		8	3					
•				L				<del></del>	85 Zip C	<u> </u>
				8	4 City			FL	85 Zip C	,000
11. P	ursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ve-name	d corpor	ation submits this statement for the	purpose of c	hanging its	registered
`n	tica or re	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized b	v the cori	poration	's board of directors. I hereby accept	t the appoint	ment as req	gisterea
		m ramiliar with, and accept the obliga	alions of, Section 607.0303, Flor	iga Giaidie						ļ
SIGN	ATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Ag	ent signature	required w	then reinstating)	DATE		
12.										
		OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	
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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.

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

727-937-2966