

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90016 003 ***150.00

DOCUMENT # 477593

1. Entity Name

FRANK E. FLAGG CONSTRUCTION COMPANY, INC..

Principal Place of Business

Mailing Address

251 CARSWELL AVENUE
 HOLLY HILL FL 32117

251 CARSWELL AVENUE
 HOLLY HILL FL 32117-4917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1596704**

Applied For

Not Applicable

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLAGG, FRANK E.
4895 SAILFISH DR
PONCE INLET FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

FRANK E. FLAGG

(NOTE: Registered Agent signature required when reinstating)

01/03/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLAGG, FRANK	
STREET ADDRESS	4895 SAILFISH DRIVE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLAGG, SHERRIE	
STREET ADDRESS	4895 SAILFISH DRIVE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'NEAL JR, RAYMOND E.	
STREET ADDRESS	2010 RED ROBIN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STONITSCH, SONYA	
STREET ADDRESS	1237 EDNA DR.	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	FLAGG, SONYA	
STREET ADDRESS	1237 Edna Drive	
CITY-ST-ZIP	Port orange, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01/03/99 (904)258-0579
 Date Daytime Phone #