PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90012 008 ***150.00

DOCUMENT # 478875 1. Corporation Name

MAYO CONSTRUCTION INDUSTRIES, INC.

Principal Place of Business Mailing Address						i minin sa nan sasat sas	JE PODUL DEN E		()) 1 11	01 6 91 0 4 011 1004
1207 S.W. 87 T	ERR	P.O. BOX 292256								
PLANTATION FL 33324 DAVIE FL 33329						DO NOT WRITE IN THIS SPACE				
us us					3 Date Incor	porated or Quali		11115 01 7		
	•				06/25/19	•				
2. Principal P	lace of Business	2a. Mailing Address *		4	4. FEI Number				Ap	plied For
21		26			59-1609	953			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Certificate	of Status Desired	d \square	\$		Additional
22		27			3. Certificate	or classes sooms	- <u>-</u>		Fee Re	<u> </u>
City & Stat	e	City & State		_	1	ampaign Financi	ng 🗆			May Be
23		28	Carrata			1 Contribution				to Fees
Zip	Country	Zip	Country	,		ration owes the o	current yea	ar intangil		□No
24	9. Name and Address of Current	29 3	10			Address of Ne	w Registe			
	9. Name and Address of Current	Registered Agent	81	Name	10, 1441110 4114					
DAVI	IS, WILLIAM						4-61-1			<u> </u>
	EXPANYAME Nations Ba	ank Tower	82	Street	Address (P.O. Box Nu	imper is Not Acc	eptable)			
9 90 X	INGRAMXBURG 100 S. E. 2	2nd St., Suite 21	100 83	 						 .
	VII FL 33131	·		ļ	_ · · · · · · · · · · · · · · · · · · ·				- Zin i	Code
			84	City				FL 8	ישוב כ	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named	corporation submits th	is statement for	the purpos	se of char	ging its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	horized by	the corp	oration's board of direc	ctors. I nereby ac	ccept the a	арропште	nt as 16	igistered
_	an idamina and an array array				•					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Age	nt signature (required when reinstating)		DA1			
12.	OFFICERS AND	DIRECTORS	13.	nt signature i	ADDITIONS	S/CHANGES TO		S AND D		
	OFFICERS AND		13. 1.1 TITLE	nt signature i	ADDITIONS Director			S AND D	IRECTO Change	ORS IN 12
12.	OFFICERS AND D DAVIS, WILLIAM	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME		ADDITIONS Director Davie, Will	liam	OFFICER	S AND D	Change	☐ Addition
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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 of 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 dorporation on the receiver or master empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS