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 # 494102

T. F. YIENGST CONSTRUCTION CO., INC.

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Principal Plac	ce of Business	Mailin	Mailing Address				\dashv			18 11 0 1181 818	III BIBII OIDII DI	OST DIGIT REPORT 1981
541 SANCHRIS	STOPHER DR	541 SA	541 SANCHRISTOPHER DR									, <i>t</i> ,
P.O. BOX 629			P.O. BOX 629					•				
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00								Date Incorporate	ed or Qualifed	d		
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L '	riace of business	— h	ailing Address				1	FEI Number			 	Applied For
Suite, Apt	# etc	26	ite, Apt. #, etc.				-1-	<u>59-1737390</u>				Not Applicable
22		27	ito, Apt. #, etc.				5.	Certifcate of Sta				5 Additional Required
City & Sta	te		ty & State				 	File Section 1999				
23		28	,				- 1	Election Campa Trust Fund Conf				May Be
Zip	Country	Zip)	Cou	intry	-		This corporation	*****	ront voor		u to rees
24	25	29		30	•			Personal Proper		rrent year	intangible Yes	□No
	9. Name and Address of Cu	rrent Registere	d Agent	LTT1.				Name and Add	-	Registere		
		3 mars (* 34.00			81	Name		-		•		
COL	LELLO, WILLIAM J	OO MO		İ	82	Ctroot Add		O. Box Number	!- Al-4 A			
	1 SPRING HILL DR	Marie Barre			62	Street Add	ness (P.	O. Box Number	IS NOT Accept	(able)		
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								11673		1. 2 1. 5		
					84	City				F	1 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1	508, Florida Statu	tes, the al	bove-r	amed corp	poration	submits this star	tement for the	purpose	of changing	its registered
Office or i	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. S	luch change was a	authorized	l hv th	e comorati	ion's hos	ard of directors	I hereby acce	nt the ann	naintment ac	registered
agent. I a		digations of Sec	tion 607 0505 Flo	orida Statu	itae	COIPCIAN		210 01 011001010	,	Ar and abb	John Chicag	9 - 1 - 1
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE!

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90044 044 ***150.00