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Mar 02, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497961

1. Corporation Name

BULGER CONTRACTING COMPANY

Principal Place of Business

**3995 HWY 60 EAST
MULBERRY FL 33860
US**

Mailing Address

**P.O. BOX 1305
MULBERRY FL 33860
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1976

4. FEI Number

59-1648567

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BULGER, J. MICHAEL
3995 HWY 60 EAST
MULBERRY FL 33860**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	CLYATT, CHARLES E., JR.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		5045 KIRKLAND ROAD	
CITY-ST-ZIP		LAKELAND FL	
TITLE	PD	BULGER, J. MICHAEL	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		6715 POLEY CREEK DR., W.	
CITY-ST-ZIP		LAKELAND FL	
TITLE	AS	SCOTT, GEORGE H	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		1065 EAGLE LAKE LOOP RD	
CITY-ST-ZIP		WINTER HAVEN FL	
TITLE	S	JOHNSON, JOHN D.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		3837 BENT TREE LOOP, E.	
CITY-ST-ZIP		LAKELAND FL	
TITLE	AS	HARRISON, HEIDI M.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		6405 CALUSA DRIVE	
CITY-ST-ZIP		LAKELAND FL	
TITLE	T	EDWARDS, JAMES C.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		P.O. BOX 1043 NA	
CITY-ST-ZIP		MULBERRY FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS	Ronnie E. Hedrick		
1.4 CITY-ST-ZIP	610 E. Carter Road Lakeland, FL 33813		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Harrison, Heidi M.		
5.3 STREET ADDRESS	1091. Meadowood Pointe Rd.		
5.4 CITY-ST-ZIP	Lakeland, FL 33811		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)