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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90043 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 502546

1. Corporation Name  
**CHRISTIANO CONSTRUCTION COMPANY, INC.**



Principal Place of Business: P.O. BOX 17506 CLEARWATER FL 33762  
 Mailing Address: P.O. BOX 17506 CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1976**

4. FEI Number: **59-1686946** Applied For:  Not Applicable:

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

6. Election Campaign Financing:  \$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: **21 13790 Roosevelt Blvd.** Suite, Apt. #, etc.: **22**

City & State: **23 Clearwater, FL**

Zip: **24 33762** Country: **25 USA**

2a. Mailing Address: Suite, Apt. #, etc.: **26**

City & State: **27**

Zip: **28** Country: **29**

9. Name and Address of Current Registered Agent: **CHRISTIANO, EDWARD J. 13790 ROOSEVELT BLVD. CLEARWATER FL 33762**

10. Name and Address of New Registered Agent:

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANO, EDWARD J.	1.2 NAME	Christiano, Edward J.
STREET ADDRESS	1875 PARLIMENT WAY	1.3 STREET ADDRESS	1875 Parliament Way
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 33764
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIANO, EDWARD J.	2.2 NAME	Dillard, Richard
STREET ADDRESS	1875 PARLIMENT WAY	2.3 STREET ADDRESS	6090 66th Avenue N.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Pinellas Park, FL 34665
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, GARY C.	3.2 NAME	Long, Gary C.
STREET ADDRESS	925 APPALOOSA RD.	3.3 STREET ADDRESS	925 Appaloosa Road
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLWELL, CARL	4.2 NAME	Colwell, Carl
STREET ADDRESS	3411 FORELOCK RD	4.3 STREET ADDRESS	7951 Boca Ciega Drive
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	CS <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOCCIO, RALPH	5.2 NAME	Soccio, Ralph
STREET ADDRESS	14003 CLUBHOUSE CIR #302	5.3 STREET ADDRESS	4227 Hartwood Lane
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dickie, Larry
STREET ADDRESS		6.3 STREET ADDRESS	11324 124th Terrace N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Largo, FL 34648

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Edward J. Christiano 1/5/99 (727)573-3612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)