

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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90128 013 ***158.75

DOCUMENT # **507714**

1. Corporation Name
PAUL J. SIERRA CONSTRUCTION, INC.

Principal Place of Business
**912 W. MARTIN L. KING BLVD
TAMPA FL 33603
US**

Mailing Address
**912 W. MARTIN LUTHER KING BLVD
TAMPA FL 33603
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1976	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1683606	
27 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip Country		30 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SIERRA, PAUL J. 7208 SPRING VALLEY DRIVE TAMPA FL 33615				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	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIERRA, PAUL J.	1.2 NAME	
1.3 STREET ADDRESS	7208 SPRING VALLEY DR.	1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
2.1 TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIERRA, ELISE	2.2 NAME	
2.3 STREET ADDRESS	7208 SPRING VALLEY DR.	2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	
3.1 TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALLEN, WAYNE H.	3.2 NAME	
3.3 STREET ADDRESS	501 LAWS LANE	3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	SEFFNER FL	3.4 CITY-STATE-ZIP	
4.1 TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIERRA, PAUL J	4.2 NAME	
4.3 STREET ADDRESS	7208 SPRING VALLEY DR	4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	TAMPA FL 33615	4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

Elise Sierra **Elise Sierra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Secretary

1-06-99

Date

813/228-6661

Daytime Phone #

CR2E034 (11/98)