FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 11511 PAMPLONA BLVD

BOYNTON BEACH FL 33437

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

11511 PAMPLONA BLVD

BOYNTON BEACH FL: 33437



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 534435 1. Corporation Name

DARRELL V. MUIR CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/20/1977 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-1741431 Not Applicable Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 ·Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MUIR, DARRELL V Street Address (P.O. Box Number is Not Acceptable) 11511 PAMPLONA BLVD **BOYNTON BEACH FL 33437** City 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 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, typed or printed name of registered agent and title if appli OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE MUIR, DARRELL V. NAME 12 NAME 11511 PAMPLONA BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL: 33437** CITY-ST-ZIP 1.4 CITY+ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE MUIR, ANN C 2.2 NAME NAME 11511 PAMPLONA BLVD 2.3 STREET ADDRESS STREET ADDRESS BOYNTON-BEACH:FL-33437 CITY-ST-ZIP 2. 4 CITY-ST-ZIP == 3.1 TTLE ☐ Addition TITLE NAME: ; 3.2 NAME 4 声解的 医温度 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-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, ar on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

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6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.1 TITLE

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90007 021 ***150.00

561-731-2248

Change

☐ Addition