

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90139 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **538538**

1. Corporation Name

**COTTON CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

6410 5TH STREET, STOCK ISLAND  
BOX 2652  
KEY WEST FL 33045

6410 5TH STREET, STOCK ISLAND  
BOX 2652  
KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**07/01/1977**

4. FEI Number

**59-1762965**

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.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNN, SHIRLEY ANN**  
**6410 - 5TH STREET, STOCK ISLAND**  
**KEY WEST FL 33040**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COTTON, WILLIAM F., SR</b>	
STREET ADDRESS	<b>30 BAMBOO TERR.</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COTTON, LOIS G</b>	
STREET ADDRESS	<b>30 BAMBOO TERR.</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COTTON, WILLIAM F., JR</b>	
STREET ADDRESS	<b>1516 17TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNN, ANN C (ASST)</b>	
STREET ADDRESS	<b>84 KEY HAVEN ROAD</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CATES, SUE C.</b>	
STREET ADDRESS	<b>4085 CONWAY PLACE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Shirley Ann Cotton*

4-26-99

305-294-2044

CR2E034 (11/98)

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