## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

PLYMEL CONSTRUCTION INC.



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90024 017 \*\*\*550.00

291911 - 90024 - 1/

Principal Place	e of Business	Mailing Address				:	
2087 SARNO RE		2087 SARNO RD					
MELBOURNE FL	. 32935	MELBOURNE FL 32935			DO NOT WOITE IN THIS	CDACE	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
i					02/24/1978		
		TA 14 10 11 11			4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address				. ++	
21	<del></del>	26			59-1810394	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		27					
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	Т с		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	Yes No	
24	25	29	30		Intangible Personal Property. L.  10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered	Agent		
PI VIA	IEL, DONALD L			U, Ivaille			
	LAKE WASHINGTON ROAD		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
	GALLIE, FL						
	BOURNE FL 32935			83			
MELE	SOURINE PL 32833		-	84 City	FL	85 Zip Code	
	<del></del> :					onging its registered	
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 as 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. (NO	OTE: Register	red Agent signature	required when reinstating) DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITT	LE		Change Addition	
NAME	PLYMEL, DONALD		1,2 NA	ME		Í	
STREET ADDRESS	4435 LAKE WASHINGTON RD	•	1.3 STF	REET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		1.4 CIT	TY-ST-ZIP			
TITLE	VPSD		_				
NAME	DIVIACE ONO AND A	DELETE	2.1 TIT	'LE		Change Addition	
i -!	PLYMEL, SUSAN M.	L DELETE	2.1 TITI 2.2 NA/			Change Addition	
STREET ADDRESS	PLYMEL, SUSAN M. 4435 LAKE WASHINGTON RD	L DELETE	2 2 NA/			Change Addition	
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6.4 CITY-ST-ZIP 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.

SIGNATURE:

DONALD PLYMEL

407-242-0333