

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90037 036 ***150.00

DOCUMENT # 562053

1. Corporation Name

W.A. NEUMANN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

36707 LAUREL OAK LN
DADE CITY FL 33525
US

P.O. BOX 596
ZEPHYRHILLS FL 33539
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1978

4. FEI Number

59-1819167

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

9. Name and Address of Current Registered Agent

GIBBS, A.P.
37911 HEATHER PLACE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEUMANN, WARREN A J	
STREET ADDRESS	36707 LAUREL OAK LANE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEUMANN, JASON W	
STREET ADDRESS	36707 LAUREL OAK LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	NEUMANN, TERESA K	
STREET ADDRESS	36707 LAUREL OAK LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADDRESS CHANGE ONLY
1.3 STREET ADDRESS	29414 PRINCEVILLE DR.
1.4 CITY-ST-ZIP	SAN ANTONIO, FL 33570
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADDRESS CHANGE ONLY
2.3 STREET ADDRESS	29414 PRINCEVILLE DR.
2.4 CITY-ST-ZIP	SAN ANTONIO, FL 33570
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADDRESS CHANGE ONLY
3.3 STREET ADDRESS	29414 PRINCEVILLE DR.
3.4 CITY-ST-ZIP	SAN ANTONIO, FL 33570
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEREMY M. PIERCEY
4.3 STREET ADDRESS	29414 PRINCEVILLE DR.
4.4 CITY-ST-ZIP	SAN ANTONIO, FL 33570
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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:

TERESA K. NEUMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99 813/782-9080
Date Daytime Phone #

CR2E034 (11/98)