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GIDDES CONST.

P. 02

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562122

1. Corporation Name
GIDDES CONSTRUCTION COMPANY

Principal Place of Business

14171 OLD OLGA RD.
FT MYERS FL 33905

Mailing Address

14171 OLD OLGA RD
FT MYERS FL 33905

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip

Country

3. Name and Address of Current Registered Agent

GIDDES, IRVING
4181 WOODBRIER DR.
FORT MYERS FL 33905

01. Name

Bruce Giddes

02. Street Address (P.O. Box Number is Not Accepted)

4161 Woodbrier Drive

04. City

Port Myers

FL

33905

11. Pursuant to the provisions of Sections 607.0547 and 607.1608, Florida Statutes, I, the undersigned, hereby certify that the statement for the purpose of changing the registered agent or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors, I hereby certify the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.0548, Florida Statutes.

SIGNATURE

William Bruce Giddes

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. NAME

36. STREET ADDRESS

37. CITY, ST, ZIP

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

41. NAME

42. STREET ADDRESS

43. CITY, ST, ZIP

44. NAME

45. STREET ADDRESS

46. CITY, ST, ZIP

47. NAME

48. STREET ADDRESS

49. CITY, ST, ZIP

50. NAME

51. STREET ADDRESS

52. CITY, ST, ZIP

53. NAME

54. STREET ADDRESS

55. CITY, ST, ZIP

SIGNATURE:

William Bruce Giddes

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-4-99

941-694-4174

DATE OF FILING

TELEPHONE NUMBER

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