## 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

## DOCUMENT # 577682

1. Corporation Name

REXCO CONSTRUCTION, INC.

		<del>-</del>	·								
Principal Place of Business Mailing Address								1000 1000 0000			
105 STONEBRIDGE DR 105 STONEBRIDGE DR											
LONGWOOD FL 32779  LONGWOOD FL 32779							)	DO NOT ME		ור פסגפר	
US US						<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
}							3.	07/05/1978			
d Delevious D	to an of Physics and	O- Mailing As					<del></del>	FEI Number			pplied For
2. Principal Place of Business 2a. Mailing Address				2		-		59-1829066	~ .	. ———	ot Applicable
Suite. Apt.	# ata	26 Suite, Apt.	# etc				<del></del>	33 1023000			Additional
22	#, etc.	27 Suite, Apr.	. #, etc.			<u> </u>	5.	Certificate of Status Desired			equired
City & State	e	City & Sta	te				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Coun	ntry		8.	This corporation owes the cur	rent year l	Intangible	,
24	25	29	30	6				Personal Property Tax.	•	☐ Yes	IK No
) <del></del>	9. Name and Address of Curren	t Registered Ager	nt				10.	Name and Address of New	Registere	d Agent	
					81	Name					
KIRBY, MICHELE M.					82	01	14	O O O O O O O O O O O O O O O O O O O	-61-1		
105 STONEBRIDGE DR					82 Street Address (P.O. Box Number is Not Acceptable)						
LON	GWOOD FL 32779			<u> </u>	83			<del></del>			
				L	$\Box$						
				\	84	City			F	85 Zip	Code
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such ch tions of, Section 60	ange was auth 17.0505, Florid	norized a Statui	by t ites.	the corpora	ation's bo	oard of directors. I hereby acce	ot the app	of changing its ointment as re	s registered egistered
	Signature, typed or printed name of registered ager		(NOTE: Re		Agent	t signature requ		<del></del>	DATE		
12.		ID DIRECTORS		13.				ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	PD	Ļ	DELETE	1.1 TITL		ĺ				☐ Change	☐ Addition
NAME	REX BROUGHTON KIRBY, JR			1.2 NAA	ME						
STREET ADDRESS	105 STONEBRIDGE DR			1.3 STR	<b>₹EE</b> T	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL			1.4 CIT	Y-ST	-ZIP					
TITLE	VPD		DELETE	2.1 TITL	LE	(				☐ Change	Addition
NAME	KIRBY, MICHELE M.			2.2 NAA	ME						
_ STREET ADDRESS	105 STONEBRIDGE DR			2.3 STR	REET.	ADDRESS					-
CITY-ST-ZIP	LONGWOOD FL			2. 4 CIT	ry- 81	T-ZIP					
TITLE	•		DELETE	3.1 TITL	LE					☐ Change	☐ Addition
NAME				3.2 NAA	ME	Ì					
STREET ADDRESS				3,3 STR	REET.	ADDRESS					
CITY-ST-ZIP				3.4. CIT	Y-ST	r-ZIP					
TITLE			DELETE	4.1 TITL	_					☐ Change	Addition
NAME			,	4. 2 NA	ME	.					
STREET ADDRESS	,			4.3 STR	REET.	ADDRESS					
						I					

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 suppliemental 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 tristee 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 address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

SIGNATURE:

13

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

TITLE

NAME

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

4.19.99 407.788.9172 Date 99 407.788.9172

Change

Change

Addition

Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90281 040 \*\*\*150.00

CR2E034 (11/98)