PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 595572

O'NEIL C	CONSTRUCTION, INC.								
Principal Place	e of Business	Mailing Address		10.00		i i dātāt ā rķia iaiat ājiat arķir jai		ANT ATOM CIRCLE	Q }
5086 LEEWARD DRIVE 5086 LEEWARD DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507						00 NOT WE	TE IN TUIC	CDACE	
						DO NOT WRI	TE IN THIS	SPACE	
						 Date Incorporated or Qualified 11/29/1978 			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ар	plied For
21	26					59-1867413			t Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	
22	27						i .	Fee Re	•
City & State	City & State City & State 28			6.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country Zip Ci			try 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Ye			angible Yes	X INo	
9. Name and Address of Current Registered Agent			<u> </u>			10. Name and Address of New	Registered		
				Name					
O'NEIL, RICHARD LAWRENCE 5086 LEEWARD DRIVE			82	Street A	ddres	s (P.O. Box Number is Not Accept	able)		
PENSACOLA, FL LP 32507			83						
			84	City			FL	85 Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the stat	f Florida. Such change was authons of, Section 607.0505, Florida	orized by a Statutes	tne corpora	auon	s board of directors. Filetieby acce	DATE	nument as re	gistered
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE			1.1 TITLE					Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		1.2 NAME						
STREET ADDRESS			1.3 STREE	TADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			· · ·		□ 4 333355
TITLE	_		2.1 TITLE					Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME						
STREET ADDRESS	DEMONOUS EL			T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-5 3.1 TITLE	ST-ZIP				☐ Change	Addition
TITLE	<u> </u>		3.2 NAME					_ +··	
NAME				TADDRESS					
STREET ADDRESS	~ · · · · · · · · · · · · · · · · · · ·			3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE			4.1 TITLE	51-211				☐ Change	Addition
NAME			4. 2 NAME						ì
STREET ADDRESS	:			T ADDRESS					İ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE			5.1 TITLE)				Change	Addition
NAME			5.2 NAME	ļ					ſ
STREET ADDRESS			5.3 STREE	T ADDRESS					
CIT-91-2F			5.4 CITY- 9	ST-ZIP		,			
inte			6.1 TITLE					Change	Addition
	1		62 NAME						1

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 empsyered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90152 004 ***150.00