Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90046 013 ***150.00

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 # 607283

1. Corporation Name

THREE RIVERS CONSTRUCTION, INC.

Principal Place of Business Mailing Address						# (1911 Malman Aribus asam	MINI KINII JANI
1114 SEMINOLE DR. 1114 SEMINOLE DR.								
INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH F			. 32937			DO NOT WRITE IN T	HIS SDACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					Ì	01/16/1979		İ
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21 Philospai Fi	des of Business	26				59-1874233		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_	_			\$8.75	Additional
27						5. Certifcate of Status Desired	Fee F	Required
City & State City & State -			-			6. Election Campaign Financing		May Be
23 28						Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	У	+	8. This corporation owes the current year		□No
24	25		30			Personal Property Tax.	Yes	
	9. Name and Address of Current	Registered Agent	8	4	Name	10. Name and Address of New Register	ea Myent	
COR	TNER, CARL W			1	Traine			
1114 SEMINOLE DR.			8:	82 Street Ad		ss (P.O. Box Number is Not Acceptable)		.
INDIAN HARBOUR BEACH FL 32937			8:	3				
			Ľ					
		,	8-	4	City	F	-	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, ti					named corpor	ration submits this statement for the nurnose	of changing if	ts registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	ithonzea d	γtn	e corporation	's board of directors. I hereby accept the ap	pointment as r	egistered
	n familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute	15.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:)	Registered Ag	ent s	signature required v	when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		ļ		Change	Addition
NAME	CORTNER, CARL W		1.2 NAME					
STREET ADDRESS	1114 SEMINOLE DR.		1.3 STRE	ET A	DDRESS			
CITY-ST-ZIP	CITY-ST-ZIP INDIAN HARBOUR BC FL		1.4 CITY-ST-ZIP		ZIP			- Addition
TITLE	ST DELETE		2.1 TITLE				☐ Change	Addition
NAME	CORTNER, ADA M		2.2 NAME					
STREET ADDRESS	1114 SEMINOLE DR.		2.3 STRE					}
CITY-ST-ZIP				2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		□ DELÉLÉ	3.1 TITLE		į	• •	, Dougige	
NAME			3.2 NAME					1
STREET ADDRESS	•		3.3 STRE					
CITY-ST-ZIP		☐ DELETE	3.4. CfTY	_	ZIP		☐ Change	Addition
TITLE		LJ OLLLIC	4. 2 NAM		ľ			_
NAME			•		LODRESS			
STREET ADDRESS			1		ì			1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE		<u> </u>		☐ Change	⊋ ☐ Addition
NAME			5.2 NAME				_ •	_
STREET ADDRESS			5.3 STRE		LODRESS			}
			5.4 CITY-		J			Į
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition

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 of 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 an appear of the corporation of the receiver or trustee empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-7/P

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

25 QUICATOW.