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

04-20-1999 90200 020 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 60600

| i. Corporation   | BROTHERS CONTRACTORS   | , INC.   |                            |   |   |            |  |                                   |                             |                                     |
|--|--|--|----------------------------|---|---|------------|--|-----------------------------------|-----------------------------|-------------------------------------|
| Principal Place  | of Business  | Mailing Addres   | ss                         |   |   |            | E INDIAN DIVIN SINCE DIVIN DOLLA CINC                  | :                                 | 1411 11111 111              | ))) <b>4</b> 1\$11 1441             |
| 6251 PANGOLA DRIVE<br>FT. MYERS FL 33905 FT. MYERS FL 33905  |  |  |                            |   |   |            |  |                                   |                             |                                     |
|  | •  |  |                            |   |   |            | DO NOT WRIT  | E IN THIS SP                      | ACE                         |                                     |
|  |  |  |                            |   |   |            | 3. Date Incorporated or Qualifed 06/14/1979            |                                   |                             |                                     |
| <ol><li>Principal Pl</li></ol>   | lace of Business   | 2a. Mailing Ad   | ldress                     |   |   |            | 4. FEI Number  |                                   |                             | lied For                            |
| 21   |  | 26   |                            |   |   |            | <u>59-2000791</u>                                      |                                   |                             | Applicable                          |
| <del>-</del>   | #, etc   | Suite, Apt.  | #, etc                     | a   | ·· · " ·  | F 4 1 1 1  | 5. Certificate of Status Desired                       | . 🗆 = 🤚                           | <b>8.75</b> Ad<br>Fee Req   |                                     |
| 22   |  | City & Stat  | 4                          |   |   |            |  |                                   | <del></del>                 |                                     |
| City & State   | e  | <b>├</b> ┐ ′   | ile                        |   |   |            | 6. Election Campaign Financing Trust Fund Contribution |                                   | <b>\$5.00</b> N<br>Added to |                                     |
| Zip  | Country  | 28   |                            | Country   |   |            | 8. This corporation owes the curre                     | nt vear Intendi                   |                             | 1000                                |
| 24   | 25   | 29   | 30                         | ¬ ´   |   | 1          | Personal Property Tax.                                 |                                   | Yes 🕽                       | ďNo                                 |
|  | 9. Name and Address of Current   |  |                            | <u>'</u>  |   |            | 10. Name and Address of New R                          | egistered Age                     | nt                          |                                     |
|  |  |  |                            | 81  | Name  |            |  |                                   |                             |                                     |
|  | esett, richard W.<br>3 ist street  |  |                            | 82  | Street  | Addres     | s (P.O. Box Number is Not Acceptal                     | ble)                              | · · · · · ·                 |                                     |
| FT. N  | MYERS FL 33901   |  |                            | 83  |   |            |  |                                   |                             |                                     |
|  |  |  |                            | 84  | City  |            |  | FL                                | 5 Zip C                     | ode                                 |
| 11. Pursuant to office or re   | to the provisions of Sections 607.0502 egistered agent, or both, in the State  | 2 and 607.1508, Flo<br>of Florida. Such cha                        | orida Statutes,            | , the above   | e-named   | corpora    | ation submits this statement for the p                 | purpose of cha<br>t the appointme | nging its r<br>ent as reg   | egistered<br>istered                |
| agent. I ai  | m familiar with, and accept the obligat  | tions of, Section 60   | 17.U5U5, FIORIG            | a Statutes.   |   |            |  | DATE                              |                             |                                     |
| agent. I ai  | m familiar with, and accept the obligat  | tions of, Section 60   | 17.U5U5, FIORIG            | a Statutes.   |   |            | nen reinstating) ADDITIONS/CHANGES TO OFF              | DATE                              |                             |                                     |
| agent. I ar  | m familiar with, and accept the obligat  | tions of, Section 60<br>it and title if applicable.<br>D DIRECTORS | 17.U5U5, FIORIG            | a Statutes.   |   |            | nen reinstating)                                       | DATE                              |                             |                                     |
| agent. I an<br>SIGNATURE<br>12.  | m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN  | tions of, Section 60<br>it and title if applicable.<br>D DIRECTORS | (NOTE: Re                  | a Statutes.   |   |            | nen reinstating)                                       | DATE                              | IRECTOF                     | RS IN 12                            |
| agent. I at SIGNATURE  12.   | signature, typed or printed name of registered agen  OFFICERS AN   | tions of, Section 60<br>it and title if applicable.<br>D DIRECTORS | (NOTE: Re                  | a Statutes. egistered Agent 13. 1.1 TITLE   | nt signature r  | w beniupen | nen reinstating)                                       | DATE                              | IRECTOF                     | RS IN 12                            |
| agent, I ai SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J  | tions of, Section 60<br>it and title if applicable.<br>D DIRECTORS | (NOTE: Re                  | a Statutes. egistered Agen 13. 1.1 TITLE 1.2 NAME   | t signature r   | w beniupen | nen reinstating)                                       | DATE<br>FICERS AND D              | IRECTOR<br>Change           | RS IN 12                            |
| agent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J 6250 NEAL ROAD   | it and title if applicable.  D DIRECTORS                           | (NOTE: Re                  | a Statutes.  egistered Agen  13.  1.1 TITLE  1.2 NAME  1.3 STREET   | t signature r   | w beniupen | nen reinstating)                                       | DATE<br>FICERS AND D              | IRECTOF                     | RS IN 12                            |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J 6250 NEAL ROAD FT MYERS FL 33905 V BLAKE GORDON  | it and title if applicable.  D DIRECTORS                           | (NOTE: Re                  | a Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  | t signature r   | w beniupen | nen reinstating)                                       | DATE<br>FICERS AND D              | IRECTOR<br>Change           | RS IN 12                            |
| agent. Fair SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J 6250 NEAL ROAD FT MYERS FL 33905 V BLAKE GORDON 6251 PANGOLA DR  | it and title if applicable.  D DIRECTORS                           | (NOTE: Re                  | a Statutes.  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE   | nt signature of ADDRESS   | required w | nen reinstating) ADDITIONS/CHANGES TO OFF              | DATE<br>FICERS AND D              | IRECTOR<br>Change           | RS IN 12                            |
| agent. Far SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J 6250 NEAL ROAD FT MYERS FL 33905 V BLAKE GORDON 6251 PANGOLA DR FT MYERS FL 33905                                  | it and title if applicable.  D DIRECTORS                           | (NOTE: Re   DELETÉ         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S  | T ADDRESS   | required w | nen reinstating) ADDITIONS/CHANGES TO OFF              | DATE FICERS AND D                 | OIRECTOP<br>Change          | RS IN 12 Addition Addition          |
| agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered agen OFFICERS AN PD BLAKE, RANDY J 6250 NEAL ROAD FT MYERS FL 33905 V BLAKE GORDON 6251 PANGOLA DR FT MYERS FL 33905 ST                               | it and title if applicable.  D DIRECTORS                           | (NOTE: Re                  | a Statutes.  13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE  | T ADDRESS   | required w | nen reinstating) ADDITIONS/CHANGES TO OFF              | DATE FICERS AND D                 | IRECTOR<br>Change           | RS IN 12                            |
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS