## 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 # 643021

Corporation Name

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90047 047 \*\*\*150.00

CLERMONT CONSTRUCTION COMPANY, INC.  Principal Place of Business Mailing Address  11741 LAKE SUSAN COURT  CLERMONT FL 34711  CLERMONT FL 34711								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
A D: : 15	the second Declaration		Admitises Addresses					10/25/1979 4. FEI Number			optied For	
2. Principal Place of Business 2a. Mailing Address 26								59-1951447			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22								5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State								6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current		ngible □ Yes	□No	
24	9. Name and Address of Currer	29	ered Agent	30				Personal Property Tax.  10. Name and Address of New Region				
	5. Name and Address of Conten	it itegisti	orea Agent		81	Name	_			<u> </u>		
WASHUTA, DAVID A. 11741 LAKE SUSAN COURT					82	Street /	Addres	Idress (P.O. Box Number is Not Acceptable)				
CLERMONT FL 34711				i	83		_	100 A				
OLL.					1					TT		
					84	City			FL	85   Zip	Code	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida itions of,	a. Such change was a Section 607.0505, Flo	uthorized rida Statu	by i	the corpo	oration	ation submits this statement for the pur is board of directors. I hereby accept th	e appoint	ment as r	egistered	
12.	Signature, typed or printed name of registered age OFFICERS AN			13.	Ageni	t signature n	required w	hen reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	
TITLE	P	ID DIREC	☐ DELETE	1.1 TIT	ΊΕ		Γ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change		
NAME	WASHUTA, DAVID A.			1.2 NA	ME						}	
STREET ADDRESS	11741 LAKE SUSAN COURT			1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	CLERMONT FL 34711			1.4 CIT	Y-ST	Γ-ZIP			_			
TITLE	S		☐ DELETE	2.1 Til	lΕ					☐ Change	Addition	
NAME	WASHUTA, DAVID A., JR			2.2 NA	ME							
STREET ADDRESS				2.3 ST	REET	ADORESS						
CITY-ST-ZIP	CLERMONT FL 34711			2. 4 CI		T- ZIP				Chance	Addition	
TITLE	VP		☐ DELETE	3.1 TIT						☐ Change	. C Addition	
NAME	WASHUTA, SHANNON M			3.2 NA			İ				-	
STREET ADDRESS	11741 LAKE SUSAN COURT					ADDRESS						
CITY-ST-ZIP	CLERMONT FL 34711		☐ DELETE	34. CI		T-ZIP	-	<del></del>		☐ Change	Addition	
TITLE	VI   Washuta, Aaron Frank			4.2 N								
NAME	4440 OUELOEL DIDO DD					ADDRESS						
STREET ADDRESS CITY-ST-ZIP	CLERMONT FL 34711			4.3 3 1 4 4 CT								
TITLE	OLLIMOITI I L OTI II		☐ DELETE	5.1 TII			<del> </del>		-	Change	Addition	
NAME				5.2 NA								
STREET ADDRESS				5.3 ST	REET	TADDRESS						
CITY-ST-ZIP				5.4 CF	TY-\$1	T-ZIP		<u> </u>				
TITLE			☐ DELETE	6.1 TI	ſLE					☐ Change	☐ Addition	
NAME				6.2 NA	ME					•		
STREET ADDRESS				6.3 ST	REET	ADDRESS	1					
	1						1					

CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WASHUTA //6

16/99 352-394-2/18 Daytime Phone #

KZEU34 (11/98