Jan 23, 1999 8:00 am Secretary of State



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	1999	DIVISION OF CO	ORPORATIONS	01-23-1999 90064	001 ***150.00
1. Corporation	MENT # 684628 ONTRACTING, INC.				
10111 0	on mo				
Principal Place	e of Business	Mailing Address		I LEBNIE BIYET IBNY DIRKE BYTIR ITRUL IRVI R	idit Billi dilit diati biasi disti ten
6225 DEER RUN SW 6225 DEER RUN SW					
		FORT MYERS FL 33908		DO NOT WRITE IN T	THE COACE
		US		DO NOT WRITE IN T  3. Date incorporated or Qualified	HIS SPACE
				08/18/1980	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		59-2022838	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	·	27			Fee Required
City & Stat	e .	City & State	104	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation owes the current year	
Zip	25	_ <del> </del> `	30	Personal Property Tax.	Yes No
24	9. Name and Address of Curren			10. Name and Address of New Registe	red Agent
<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		81 Name		-
ECT FORT, STEPHEN, E.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	6225 DEER RUN SW			the contraction of the contracti	
FORT MYERS FL 33908			83	in the second of	<b>等运用福建制度</b>
			84 City		85 Zip Code
the second to a constant	(1 · · · )				a of abouting its registered
office or r	edictored agent or both in the State.	of Florida, Such change was all	thorized by the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppointment as registered
agent. La	im familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	or and title if applicable. (NOTE: I	Registered Agent signature req	Uired when reinstating) DAT	<u> </u>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER:	
TITLE	PO	. DELETE	1.1 TITLE	10 10 10 M	☐ Change ☐ Addition
NAME	FORT, STEPHEN E.		1.2 NAME	•	
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S CONTRACTOR OF	☐ DELETE	2.1 TITLE		☐ Charge ☐ Addition
NAME	FORT, GLORIA D.		2.2 NAME		•
STREET ADDRESS	6225 DEER RUN SW FORT MYERS FL	<del></del>	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP	V gross day p	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME / TO	FORT, STEPHEN E., JR.		3.2 NAME		
STREET ADDRESS	2107 RIVER RIDGE BLVD		3.3 STREET ADDRESS	the state of the s	stander, fakt i 1984 f#
Crry-st-zip	FT MYERS FL		3.4. CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	lu s	• •	4. 2 NAME		
STREET ADDRESS	ि , भेड्स		4.3 STREET ADDRESS	,	
CITY-ST-ZIP		Clariere	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Cloude Cluddian
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	PS		5.4 CITY-ST-ZIP	,	
CITY-ST-ZIP	F184. 3.8.0 (114.1	☐ 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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FOR I MITTELL T

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98) ~