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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 689423

1. Corporation Name

DCR CONTRACTORS, INC.

Principal Place of Business 8701 RIDGELAND DRIVE 8701 RIDGELAND DRIVE C/O DONALD C. RAINEY C/O DONALD C. RAINEY DO NOT WRITE IN THIS SPACE MIAMI FL 33157 MIAMI FL 33157 3. Date Incorporated or Qualifed 09/29/1980 2a. Mailing Address Applied For 4. FEI Number Principal Place of Business 59-2093456 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year intangible Zip Zip Country ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAINEY, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8701 RIDGELAND DRIVE MIAMI FL 33157 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change ☐ DELETE 1.1 TITLE TITI F RAINEY, DONALD C. 1.2 NAME NAME 8701 RIDGELAND DRIVE 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP City-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition □ DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP 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 seport of suppliemental annual report is the 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 price 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 thingged, or of any attachment into an address, with all other like empowered. indicated on this annual report officer or director of the corpora Block 12 or Block 13 if changed

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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NAME

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□ DELETE

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Change

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Addition

Addition

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