

ER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90017 040 \*\*\*150.00

DOCUMENT # 693581

1. Corporation Name

W.P. AUSTIN CONSTRUCTION CORP.

Principal Place of Business

1650 S.W. 32 PLACE

MIAMI FL 33145-1836

US

Mailing Address

1650 S.W. 32 PLACE

MIAMI FL 33145-1836

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1981

4. FEI Number

59-2107027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

AUSTIN, WM. PHILLIP

1650 S.W. 32ND PLACE

MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

OFFICERS AND DIRECTORS

12.1 TITLE  
NAME PD  
STREET ADDRESS AUSTIN, WM. PHILLIP  
CITY-ST-ZIP 1650 S.W. 32ND PLACE  
MIAMI FL

☐ DELETE

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: W. Phillip Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

(305) 448-4614

Daytime Phone #

CR2E034 (11/98)