

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90013 034 ***150.00

DOCUMENT # 840298

1. Corporation Name

CHAMPION CONTRACTING CO.

Principal Place of Business

P O BOX 489
KINGS MOUNTAIN NORTH CAROLIN 28086

Mailing Address

P O BOX 489
KINGS MOUNTAIN NORTH CAROLIN 28086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1978

4. FEI Number

56-1012546

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CHAMPION, CARL W
700 N WICKHAM RD
STE 109
MELBOURNE FL 32935

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.

2/17/99

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMPION, CHRIS L.	
STREET ADDRESS	123 WOODING PL	
CITY-ST-ZIP	KINGS MOUNTAIN N.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAMPION, CARL W	
STREET ADDRESS	700 N WICKHAM RD, STE 109	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHANEY, SUNNI M	
STREET ADDRESS	124 WOODING PLACE	
CITY-ST-ZIP	KINGS MT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRISON, SAMUEL M	
STREET ADDRESS	124 WOODING PLACE	
CITY-ST-ZIP	KINGS MOUNTAIN NC 28086	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STITZEL, ROBERT E	
STREET ADDRESS	700 N WICKHAM RD STE 209	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDREWS, MIKE	
STREET ADDRESS	124 WOODING PL	
CITY-ST-ZIP	KINGS MOUNTAIN NC 28086	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	STEPHEN SQUIRES
5.4 CITY-ST-ZIP	700 N. WICKHAM RD., SUITE 109
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MELBOURNE, FL 32935
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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (704) 739-9511

Date

Daytime Phone #

CR2E034 (11/98)

001068x