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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 850382 1. Corporation Name.

CROWDER CONSTRUCTION COMPANY

FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90001 035 ***158.75

March Bresser Estancia Mona 811 de 68 april Estancia Mona									
Principal Place of Business Mailing Address							IE310 1401 01011 B	1841 BIBI I BIB II I	(81) 61611 (88)
1123 EAST TENTH STREET P.O. BOX 30007									
CHARLOTTE NC 28230 CHARLOTTE NG 28230									
							RITE IN THIS	SPACE	
	2002-2004		-			3. Date incorporated or Qualife	d		
						09/16/1981		· · · · · · ·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	•	_ `	oplied For
21	36 3 38 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	26			_	56-0588260			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certifcate of Status Desired	Z	\$8.75	I
22 27									equired
City & State City & State						6. Election Campaign Financin	"	\$5.00	
23	28					Trust Fund Contribution		Added	to Fees
	Zip Zip			untry		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29	30	_		Personal Property Tax.	. 0	Yes	UZINO
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of Nev	Registered	Agent	
CTC	CORPORATION SYSTEM			"	Name				
	S. PINE ISLAND BOAD			82	Street Addre	ess (P.O. Box Number is Not Acce	otable)		
	TATION FL 33324							<u> </u>	* * * * * * * * * * * * * * * * * * *
PLAR	NIATION FL 33324			83					
(84	City			85 Zip (Code
							FL	<u>. </u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta	atutes, the a	above	-named corporation	oration submits this statement for the	ne purpose of	changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Sta	itutes.	tile corporatio	or s board of directors. Thereby doc	eptitic appoi		giotorou
_	Carlot and Carlot								
CICNIATURE								2	I
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	(OTE: Registere	d Agent	t signature required	d when reinstating)			
SIGNATURE	OFFICERS AND	DIRECTORS	13.		t signature required	d when reinstating) ADDITIONS/CHANGES TO 0			
	PCD 9 PCD		13.		it signature required			ND DIRECTO	DRS IN 12
12.	PCD CROWDER, OTIS A	DIRECTORS	13.		t signature required				
12.	PCD CROWDER, OTIS A 301 GREENGATE LANE	DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME	t signature required				
12. TITLE NAME	PCD CROWDER, OTIS A	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME	ADDRESS			☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CROWDER, OTIS A 301 GREENGATE LANE CHARLOTTE NC 28211	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TITLE NAME STREET	ADDRESS			☐ Change	Addition
12. TITLE NAME STREET AGORESS CITY-ST-ZIP TITLE	PCD CROWDER, OTIS A 301 GREENGATE LANE CHARLOTTE NC 28211 VD	DIRECTORS DELETE	13. 1.17 1.28 1.38 1.40 2.17 2.28	NAME STREET CITY-ST TITLE NAME	ADDRESS			☐ Change	Addition
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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

SKANATURED

1/4/99

704-348-1343

Daytime Phone #