## 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 Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90188 003 \*\*\*150.00

DOC	<b>JMENT</b>	# F5	59190	

1. Corporation Name

CONTEMI	PORARY CONTRACTORS, I	NC.							
Principal Place of Business Mailing Address 214 EDGEWATER DRIVE PRIANDO FL 32810 PRINCIPAL PRINC		•			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 12/22/1981		
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number 59-2150089	<u> </u>	oplied For ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.	* * *			5. Certificate of Status Desired	\$8.75 / Fee Re	
Citv.&·State	B		& State				-6Election Campaign Financing	<b>\$5.00</b>	Mav-Be
23		28		-			Trust Fund Contribution	Added	-
Zip	Country 25	Zip 29		Cou	ntry		This corporation owes the current year Int Personal Property Tax.	angible Yes	□No
•=	9. Name and Address of Currer		Agent	<u></u>			10. Name and Address of New Registered	Agent	
. =					81	Name	LUECK		
	K, CARL H				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	EDGEWATER DRIVE								
OKLA	NDO FL 32810				83				
					84	City	FL	85 Zip (	Code
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicab	on 607.0505, Fic	inda Stati	utes.	•	tion's board of directors. I hereby accept the appoint of the directors of the appoint of the directors of the appoint of the directors of the appoint of th	9	
TITLE	DPT		☐ DELETE	1,1 TC	ΠLE		****	☐ Change	Addition
NAME	LUECK, CARL			1.2 N	ME			~	
STREET ADDRESS	2300 VENETIAN WAY			1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CI	TY-SI	T-ZIP (			
TITLE	S		☐ DELETE	2.1 TT	πE			Change	☐ Addition
NAME	LUECK, CARL			2.2 N	WE				
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NAME				6.2 N	AME				
STREET ADDRESS				6.3 S	REE	TADORESS			

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: