FILE NOVY: FILING FEE AFTER MAT 151 15 \$550.00					APPROVED			
PROFIT FLORIDA DEPARTI			MENT OF STATE	T	ID.			
COL	CORPORATION Katherine		Harris	- l - ÉÑ.	ĚĎ			
ANN	UAL REPORT Secretary of State							
	1999	T. E. C.	DIVISION OF CORPORATIONS		99 NOV 15	PM 3: 65		
DO011		~ ~ ~ ~ ~ ~ ~ ~ ~	1			111 0, 40	,	
	MENT# 🕂	59/29	·	4 1	4 menonimetra	r z in distast		
1. Corporation Name 1. Ames A Quarter Residential Contracto 1225-1010 5 Hawasse Rd.					SECRETARY	Y CH STATE		
J	Ames It C	y water 1	in ed	الرفي	C ALLAHASS	EE, FLORIDA	•	
1	225-610	5 Hearings H 328	ACC NOC.	•	ŀ			
Discissi Disc	Octordo:		Address					
Principal Plac			•	. 501	ļ			
972084SI. P.O. BOX 324					į			
Rulla 21 21221 1 11. 11. 21.21					DO NOT WRITE IN THIS SPACE			
Gotha, 76 34734 Gotha, 76 34734					2 3. Date incorporated or Qualifed	3. Date incorporated or Qualifed		
			<u></u>		(2/23/8)			
2. Principal F	Place of Business	— <u> </u>	ailing Address		4. FEI Number		Applied For	
Suite, Apt	# etc	26	uite, Apt. #, etc.		39-2176032	es	Not Applicable	
1	. #, etc.	27	alto, Apr. #, etc.		5. Certifcate of Status Desired		3.75 Additional Fee Required	
City & Sta	ite		ity & State		6. Election Campaign Financing	ŧ	5.00 May Be	
23		28	-		Trust Fund Contribution		Added to Fees	
Zip	Country	Zi	p	Country	8. This corporation owes the curr			
24	25	29	30]	Personal Property Tax.	ĽΥ	es 🗆 No	
	9. Name and Addres	s of Current Register	ed Agent		10. Name and Address of New F	Registered Agen	<u> </u>	
Max	uarr 6	Juantes .		81 Name	Same -			
Hijak	- 1	Heavasse	. P.O	82 Street Ad	dress (P.O. Box Number is Net Accepta	able)		
6LI	51610 S.	Heawasse	en					
0,6	Lando, Je	22050	-	83				
	المراجعة المحادثة المحادث المحادثة المحادثة المحادثة المحادث المحادث المحادث المحادث	- 2-03	•	84 City		F. 85	Zip Code	
	· ** · · · · · · · · · · · · · · · · · 					FL "	<u> </u>	
11. Pursuant office or	t to the provisions of Section registered agent, or both.	ons 607.0502 and 607. in the State of Florida.	1508, Florida Statutes, Such change was auth	the above-named co orized by the corpora	poration submits this statement for the tion's board of directors. I hereby accer-	purpose of chang of the appointmen	ging its registered	
agent. I a	am familiar with, and acce	pt the obligations of, Se	ction 697.0505, Florida	Statutes.	tion's board of directors. I hereby accep	112/	0.0	
SIGNATURE	Maryle	an Qu	are)	jetered Agent signature requi		4/8/7		
12.	Signature, lyped or printed name of	FICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS IN 12	
TITLE	PRESIDENT		DELETE	1.1 TITLE 1	PRESIDENT		RECTORS IN 12 Thange (At Addition	
NAME	James A	CALCALCC	- a- D1	12 NAME	Ruth Hotalin	í 0		
STREET ADORESS	1 3 1 4 4 4	o & Heav	nssee RN	1.3 STREET ADDRESS	212 S. Sycamo	re w.		
CITY-ST-ZIP	DRIAMOR). Fe 32	2835	1.4 City-St-ZIP	navares 7c	<i>3</i> >77	8	
TITLE	Secretari	X m	☐ DELETE	2.1 TITLE			hange Addition	
NAME	mariales	y Gygnes	- 00	22 NAME			ŀ	
STREET ADDRESS	13-35-51		ASSEC PL	2.3 STREET ADDRESS				
CITY-ST-ZIP	Oftonoo	7C 328	35	2.4 CITY-ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE			hange Addition	
NAME				3.2 NAME	700003	U4479	2 r — - U	
STREET ADORESS	3		,	3.3 STREET ADDRESS	-11/16	/990100	13001	
CITY-ST-ZIP				3.4. CITY-ST-ZIP	*****	70.00 **	***70.00	
TITLE		•	☐ DELETE	4.1 TITLE			hange	
NAME	İ			4.2 NAME				
STREET ADDRESS	8			4.3 STREET ADDRESS				
CITY-ST-ZIP	ļ			4.4 CITY-ST-ZIP				
TITLE			□ DELETE	5.1 TITLE		Пo	Change ☐ Addition	
NAME				52 NAME		0		
STREET ADORESS	8			5.3 STREET ADDRESS		11		
CITY-ST-ZIP			□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		L / Br /	hanna Dádation	
TITLE			☐ DELETE	62 NAME	//	111111111111111111111111111111111111111	hange	
NAME					Ţ	IIMNO		
STREET ADDRESS				6.3 STREET ADDRESS	2	NA NA		
				6.4 CITY-ST-ZIP		(
CITY-ST-ZIP	portify that the information	aunation with this files	done not availed to the	avamelos sistem in	Carting 110 07/2V/I Florida Ctations :	fairthair contint the	at the information	
CITY-ST-ZIP 14. I hereby indicated	on this annual report or a	upplemental annual rep	port is true and accurate	s and that my signatu	Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as i	madé under oati	h; that I am an	
14. I hereby indicated officer or	on this annual report or a director of the corporation	supplemental annual rep or the receiver or trust	oort is true and accurate tee empowered to exec	e and that my signatu tute this report as req	Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as if uired by Chapter 607, Florida Statutes;	madé under oati	h; that I am an	
CITY-ST-ZIP 14. I hereby indicated officer or Block 12	on this annual report or a director of the corporation or Block 12 if changed, or	supplemental annual rep or the receiver or trust	oort is true and accurate tee empowered to exec	e and that my signature this report as requer like empowered.	re shall have the same legal effect as it uired by Chapter 607, Florida Statutes;	madé under oati	h; that I am an	
14. I hereby indicated officer or	on this annual report or a director of the corporation or Block 12 if changed, or TURE:	supplemental annual rep n or the receiver or trust r on an attachment with	oort is true and accurate tee empowered to exec	e and that my signature this report as requer like empowered.	re shall have the same legal effect as i	madé under oati	h; that I am an	

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00