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PROFIT CORPORATION ANNUAL REPORT 1999.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F72958 1. Corporation Name

OLD ISLAND CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address							,	
C/O ROXANNA	CREEL"	C/O ROXANNA C	REEL							
3006 FLAGLER	AVE.	3006 FLAGLER AV				, po	NOT WRITE	INI THIS S	SDACE	•
KEY_WEST_FL.	33040	KEY WEST FL 33	040			3. Date Incorporated o		IIV IIIIO	3FACE	
						1	r Quallieu			}
						03/22/1982				
2. Principal Pl	lace of Business	2a. Mailing Addre	ess			4. FEI Number			· I	Applied For
21	••	26				59-2174258	· · · · · ·			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status	Desired	- .		Additional
22	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27			_	G. Continuoto di Status			Fee I	Required
City & State	e Assistante	City & State				6. Election Campaign	Financing		\$5.0	May Be
23	n the state of the	28				Trust Fund Contribu	tion	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Co	untry		8. This corporation ow	es the curren	t year Inta	ıngible	
24	25	29	30			Personal Property T	ax.		☐ Yes	□No .
<u></u>	9. Name and Address of Curr					10. Name and Address	s of New Re	gistered A	\gent	
·-···		t /		81	Name					
CREI	EL, ROXANNA							- \	·	
	CACTUS DRIVE	•		82	Street Addre	ess (P.O. Box Number is N	lot Acceptabl	e)		
	WEST FL 33040			83			1			12 Marks
14-1	11231 12 33513			03					1 7 13	
	•			84	City	•	,		85 Zi	o Code
281 S. C. L. 188 F.		•						<u> </u>	ـــبــــــــــــــــــــــــــــــــــ	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	da Statutes, the	above-i	named corpo	oration submits this statem	ent for the pureby accept t	rpose of o	changing itment as	registered (
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obli	igations of, Section 607.0	0505, Florida Sta	atutes.	io corporatio	on a popular by an obtain at 1 110	,			,
SIGNATURE	•									
5,5,1,1,0,1,	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registere	ed Agent s	signature required	d when reinstating)		DATE		
12.		AND DIRECTORS	13		signature required	d when reinstating) ADDITIONS/CHANG	ES TO OFFI			
		AND DIRECTORS	13		signature required		ES TO OFFI		D DIREC	
12.	OFFICERS A	AND DIRECTORS	13 ELETÉ 1.1	3.	signature required		ES TO OFFI			
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14. I hereby certify that the information supplied with this filling 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 the 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 of the receiver or trustee imposfered 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

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90041 016 ***150.00