SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

MALLETT CONSTRUCTION, INC.

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90012 044 ***550.00

Principal Place	e of Business	Mailing Address		T 2001 STATE THE THE THE THE THE THE THE THE THE T	
2316 SAND BA HOLIDAY FL 3	= -	PO BOX 1235 PORT RICHEY FL 34673			
, US		US		DO NOT WRITE IN THIS SPACE	
-	المعيد المعالمة المالية	_		3. Date Incorporated or Qualified 06/22/1982	
2. Principal P	lace of Business	2a. Mailing Address	. ^	4. FEI Number, Applied For	
21/520	6 Miller Bayou Dr	26 5206 Mil	Her Bayon	Dr 59-2215520 Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	- 3	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	- Richen FL	28 Port Riche	en FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip OLL	Codntry	Zip JI J Q	Country	8. This corporation owes the current year Intancible Personal Property. Yes No	
24 076	268 25 40	29 34668 30	<u> </u>		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AA 11 + 1					
MAL	LETT, VICTOR C.			Mallell, Victor L.	
231	6 SAND BAY DR.		82 Street	Address (P.O. Box Number is Not Acceptable) 2010 Miller Bayon Drive	
HOLIDAY FL 34691					
			84 City	85 Zip Çode	
Port Kic Ley FL 34668					
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 advant or both An the Mate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	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 applicant with, and accept the distinguishions of, section 607.0505, Florida Statutes.				
SIGNATURE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1,1 TITLE	D Change D Addition 1	
NAME	MALLETT, VICTOR C.		1.2 NAME	Mallett Victor C.	
STREET ADDRESS	2316 SAND BAY DR.		1.3 STREET ADDRESS	13 LDG INLITER DAYUM -	
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP	Port Richen, FL 34668	
TITLE		DELETÉ	2.1 TITLE	VPres./Director	
NAME "		•	2.2 NAME	Mallett, Janet M.	
STREET ADDRESS			2.3 STREET ADDRESS	5206 Miller Bayoulr.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			l t	Mallett, Victor C. Jr.	
STREET ADDRESS			3.3 STREET ADDRESS	5206 Millet Bayon Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	FORT RICKEY, TOS 1008	
TITLE		∐ DELETE	4.1 TITLE 4.2 NAME	Change	
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP	1	
CITY-ST-ZIP TITLE		T OCI CTE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY-ST-ZIP		
TITLE			6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	C		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.