

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

**FILED**  
**Feb 15, 1999 8:00 am**  
**Secretary of State**

02-15-1999 90012 023 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F92000000287**

1. Corporation Name

**CCI CONSTRUCTION CO., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**203 LYNNDAL CT  
MECHANICSBURG PA 17055  
US**

Mailing Address

**PO BOX 1129  
MECHANICSBURG PA 17055-1129  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/04/1992**

4. FEI Number

**25-1587897**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**CP**

NAME

**ORTENZIO, JOHN M**

STREET ADDRESS

**3428 LISBURN RD**

CITY-ST-ZIP

**MECHANICSBURG PA**

TITLE

**VP**

NAME

**MILLER, SHANE A**

STREET ADDRESS

**1110 MUSKET LANE**

CITY-ST-ZIP

**MECHANICSBURG PA**

TITLE

**ST**

NAME

**PHILLIPS, SHERI**

STREET ADDRESS

**805 COUNTRY CLUB RD**

CITY-ST-ZIP

**CAMP HILL PA 17011**

TITLE

**VP**

NAME

**MC ANINCH, DOUGLAS**

STREET ADDRESS

**3936 BROOKRIDGE DR**

CITY-ST-ZIP

**MECHANICSBURG PA**

TITLE

**VPO**

NAME

**STAN E SECHRIST**

STREET ADDRESS

**121 FOXFIRE LAKE**

CITY-ST-ZIP

**LEWISBERRY PA 17339**

TITLE

**VP**

NAME

**VP**

STREET ADDRESS

**VP**

CITY-ST-ZIP

**VP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99

717 691 3600

0544755

02-15-99

CR2E034 (1/98)