

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90048 026 ***150.00

DOCUMENT # F93000001605

1. Corporation Name
CPX CONSTRUCTION, INC.

Principal Place of Business
P.O. BOX 75020
CINCINNATI OH 45275

Mailing Address
P.O. BOX 75020
CINCINNATI OH 45275



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

4. FEI Number

61-1187405

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **C BUTLER, WILLIAM P**
STREET ADDRESS **655 EDEN PARK DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45202**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D THOMAS E BANTA**
STREET ADDRESS **655 EDEN PARK DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45202**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DPT MOUHOURTIS, JAMES N**
STREET ADDRESS **655 EDEN PARK DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45202**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP BLACKHAM, J. WILLIAM**
STREET ADDRESS **655 EDEN PARK DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45202**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T PETER SACKMANN**
STREET ADDRESS **655 EDEN PARK DR**
CITY-ST-ZIP **CINCINNATI OH 45202**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Treasurer Dale W. Brouk**
5.3 STREET ADDRESS **(same address)**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **AS MALOTT, ELVA**
STREET ADDRESS **655 EDEN PARK DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45202**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 1.2 or Block 1.3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale W. Brouk

Dale W. Brouk

4/12/99

(626) 292-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)