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

PROFIT CORPORATION ANNIJAL REPORT

1999

11221 WINDSONG CT

CLERMONT FL 34711



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90002 045 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/08/1993

Corporation Name L.F. AMES GENERAL	CONTRACTOR INC.	
Principal Place of Business	Mailing Address	1 1045100 3110 10100 11511

11221 WINDSONG CT CLERMONT FL 34711

4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3148911 Not Applicable 21 26 \$8.75 Ad titional Suite, Apt. #, etc. Suite, Ap . #, etc. 5. Certifca e of Status Desired Fee Required 22 City & State -- --City & State 6. Election Gampaign Financing \$5.00 May Be-Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible []No Yes Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMES, LEONARD F JR Street Address (P.O. Box Number is Not Acceptable) 82 11221 WINDSONG CT CLERMONT FL 34711 83 Zip Ccde 84 85 City F_{\perp} 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 or 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12 OFFICERS AND DIRECTORS 13. 12 Addition ☐ Change DELETE TIII E AMES, LEONARD F JR 1.2 NAME NAME 11221 WINDSONG CT 13 STREET ADDRESS STREET ADDRESS **CLERMONT FL 34711** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change — — Addition __ DELETE_ 3.1 TITLE -TITLE -3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 51 TITLE TIT) F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADOR ISS 64 CITY-ST-ZIP

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further pertify that the information indical ed 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: LEGY AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

Pres.

Daytime Phone #

CR2E034 (11/98)