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

PROFIT CORPORATION ANNUAL REPORT

1999 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90037 023 \*\*\*150.00

1. Corporation	CONSTRUCTION INC.	1000107			
Principal Place	of Business	Mailing Address	<del></del>	L SPOCABO LEID IDILI DIBLI DUILE BACEL DUBLI DUIL	) ABSII ABIAI ZION BONN 1881 (68)
7616 SOUTHLAN		7616 SOUTHLAND BLVD		<b>}</b> :	
STE 112	AD PLAD	STE 112			
ORLANDO FL 3	2809	ORLANDO FL 32809		DO NOT WRITE IN TH	S SPACE
US		US		3. Date Incorporated or Qualifed	
				01/07/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		88-0292868	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		27			\$5.00 May Be
City & State	•	City & State		-6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 Zin	Country	Zip	Country	8. This corporation owes the current year	
Zip	25		30	Personal Property Tax.	Yes No
24	9 Name and Address of Currer		30	10. Name and Address of New Registere	d Agent
	5. Hallo dila Hallo di		81 Name		
THO	RNTON, VANCE L		00 01	Address (D.O. Boy Number in Net Acceptable)	
1025 WELLINGTON CT			82 Street A	Address (P.O. Box Number is Not Acceptable)	
OVIEDO FL 32765			83		
					85 Zip Code
			84 City	F	
SIGNATURE	Sturature, typed or printed name of registered age	WILLY VA	Registered Agent signature re	corporation submits this statement for the purpose pration's board of directors. I hereby accept the appropriate the purpose pration's board of directors. I hereby accept the appropriate the purpose pration's board of directors. I hereby accept the appropriate pration of the purpose pration of the	170
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	CPT EVANS, BRUCE S	OLLETE	1.2 NAME		_ , _
NAME	7616 SOUTHLAND BLVD., STE	EE 110	1.3 STREET ADDRESS		
STREET ADDRESS	ORLANDO FL 32809	CC. 112	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VS	☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		C. 5555.2	2.2 NAME		
NAME	SMITH, DAVID A. PO BOX 10039, KEITH ROAD		Z.Z PONVIC	· ·	
STREET ADDRESS	LO DOV 10009' VEHILL HOVE		2.3 STREET ADDRESS	•	
	PDACERDEINGE ON		2.3 STREET ADDRESS	· · ·	
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TITLE	М	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	M THORNTON, VANCE L	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	M THORNTON, VANCE L 1025 WELLINGTON CT	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME	M THORNTON, VANCE L	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
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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 advances, with all other like empowered.

SIGNATURE: