PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F94000001958**

CLEVELAND CONSTRUCTION, INCORPORATED

| Principal Place of Busines | 5 |
|----------------------------|---|
| 8620 TYLER BLVD. | |
| MENTOD OU MARK | |

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90160 039 ***150.00



| Principal Place | of Business | Mailing Address | | | | | |
|-----------------------------------|--|-------------------------------------|------------|-----------------|--|--------------------|-----------------|
| 8620 TYLER BLVD. 8620 TYLER BLVD. | | | | | | | |
| MENTOR OH 44 | 060 | MENTOR OH 44060 | | | DO NOT WRITE IN TH | IS SDACE | |
| | | | | | | - OF NOE | |
| | | | | | 3. Date Incorporated or Qualifed 04/15/1994 | | |
| | | | | | | | Name of Francis |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number 34-1380189 | | Applied For |
| 21 2424 Orlando Central Parkway | | | | | 34-1300 109 | | Not Applicable |
| Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | - Fee f | Additional |
| 27 | | | | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 Orlando, FL 28 | | | | | Trust Fund Contribution | | to Fees |
| | Zip Country Zip | | Cou | ntry | 8. This corporation owes the current year I | ntangible ☐ Yes | □No |
| 24 32809 | 25 USA | | 30 | | Personal Property Tax. | | |
| | 9. Name and Address of Curre | nt Registered Agent | | Od Name | 10. Name and Address of New Registere | a Agent | |
| IAMO | LL. MARK T | | | 81 Name | MARK T. SMALL | | |
| | 34TH STREET | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | 2424 ORLANDO CENTRAL PARK | WAY | |
| UKU | NDO FL 32811 | | i | 83 | | | |
| | | | Ì | 84 City | | . 85 Zi; | o Code |
| | | | | | ORLANDOF | L 32 | 809 |
| 11. Pursuant i | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statute | es, the al | oove-named | Lograngian cubmite this statement for the numose | of changing i | ts registered |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was at | ithorized | hy the com | oration's board of directors. I hereby accept the app | ointment as | registered |
| agent. i ar | m tamillar with, and accept the obliga | ations of, Section 607.0303. Flor | ioa Otato | ico. | | | l, |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: | Registered | Agent signature | required when reinstating) DATE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | TORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TIT | TE | CHAIRMAN | (X) Change | e |
| NAME | SMALL, RICHARD G | | 1.2 NA | ME | | | |
| STREET ADDRESS | 8620-M TYLER BLVD. | | | REET ADDRESS | 2424 Orlando Central Park | wav | 1 |
| ļ | MENTOR OH | | | ry-st-zip | Orlando, FL 32809 | | |
| CITY-ST-ZIP TITLE | V | ☐ DELETE | 2.1 177 | | Official Section | [X] Change | e Addition |
| 1 | SMALL, MARK | _ 5 | 2.2 NA | | | | _ |
| NAME | 8620 TYLER BLVD. | | 1 | REET ADORESS | 2424 Orlando Central Park | ωz=τ <i>τ</i> | |
| STREET ADDRESS | MENTOR OH | | 1 | | i . | _ | • |
| CITY-ST-ZIP | A SWELHOU OUT | | 2. 4 CI | ITY-ST-ZIP | Orlando, FL 32809 | Chang | e 🗍 Addition |
| TITLE | · • | (") DETELE | | | | <u></u> | |
| NAME | ZIEGLER, KEITH | | 3.2 NA | | | | |
| STREET ADDRESS | 8620 TYLER BLVD. | | | REET ADDRESS | 9 | | |
| CITY-ST-ZIP | MENTOR OH | | _ | TY-ST-ZIP | PRESIDENT | ▼ Chang | e Addition |
| TITLE | V | ☐ DELETE | 4.1 TO | | LVESTDEMI | ∡ _ chang | e Nadariou |
| NAME | SMALL, JON | | 4.2 N | | 2424 Oul and a Control David | | |
| STREET ADDRESS | 5390 COURSEVIEW DRIVE | | 4.3 ST | REET ADDRESS | | wdy | |
| CITY-ST-ZIP | MASON OH | | 4.4 CF | TY-ST-ZIP | Orlando, FL 32809 | | |
| TITLE | V | ☐ DELETE | 5.1 TT | île | | Chang | e 🗌 Addition |
| NAME | ZELLER, JOHN | | 5.2 NA | | | | - |
| STREET ADDRESS | 5390 COURSEVIEW DRIVE | | 5.3 \$1 | REET ADDRESS | 5 | | |
| CITY-ST-ZIP | MASON OH | | 5.4 CF | TY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TT | TLE | | Chang | e |
| NAME | KING, GLENN | | 6.2 N | ME | | | |
| STREET ADDRESS | 4356 34TH STREET | | 6.3 \$1 | REET ADDRESS | 2424 Orlando Central Park | way | |
| | ORLANDO FL | | | TY-ST-ZIP | Orlando, FL 32809 | | |
| CITY-ST-ZIP | OUT TOO I L | | 0.701 | | | | |

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, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR