May 05, 1999 8:00 am Secretary of State

05-05-1999 90201 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000970

1. Corporation Name

FARRELL	y Building Services, inc	C.								
Principal Place	of Business	Mailing Address				11491		1 88111 28111 EBITT CON-		Tâti măti (mei
1307 YNEZ PL CORONADO CA US	P O BOX 182089 CORONADO CA 92178-2089 US				DO NOT WRITE IN THIS SPACE					
	•				3.	02/27/1	orporated or C 1996	ualifed		
— `	ace of Business	2a. Mailing Address			4.	FEI Numl			ļ -	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					of Status De	sired	\$8.75 A	
22		27						_	Fee Red	·
City & State		28		-	6.		Campaign Fin nd Contributio	- 11	\$5.00 to Added to	
Zip	Country	Zip	Countr	у	8.		oration owes Property Tax	the current year li		□No
24	[25]		30					f New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10.	Naille al	id Address C	i item Registered	Agent	
MYERS, WILLIAM 201 S ORANGE AVE #1575					Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32801		83	3						_
			84	City				FI	85 Zip C	ode
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut	thorized by	/ the corp	corporation oration's bo	n submits pard of dire	this statement ectors. I hereb	for the purpose on y accept the appo	of changing its of changing it	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: [Registered Age	ent signature r	required when n	einstating)		DATE		
			13.	addition i gain and required the second of						RS IN 12
12.	PD DELETE		1.1 TITLE		Γ	- LDDITTOR	10/01///11/022		Change	Addition
NAME	FARRELLY, EDWARD J		1.2 NAME							
STREET ADDRESS	28 BRIDGETOWN BEND		13 STREET ADDRESS /5		1541	UIA	HAC	5NDA		
CITY-ST-ZIP	CORONADO CA 92118		1.4 CITY-	ST-ZIP	BON	(TA	, CA	91902		
TITLE	SD DELETE		2.1 TITLE			•	,		Change	☐ Addition
NAME -	FARRELLY, MARY		2.2 NAME	2.2 NAME			1100			
STREET ADORESS	28 BRIDGETOWN BEN			ET ADDRESS	1541	VIH	HAC	ENDH 1002		
CITY-ST-ZIP	CORONADO CA 92118	T □ DELETE	2. 4 CITY-		DON	ITA,	CA 2	170L	☐ Change	⊠ Addition
TITLE	-UICE-PRESIDEN	Open U	31 TITLE						C offguão -	
TITLE UICE PRESIDENT DELETE NAME MICHAEL P. FARRELLY STREET ADDRESS 201 TIFFANY DRIVE			3.2 NAME 3.3 STREET ADDRESS		1					
STREET ADDRESS	MASCANEOUS DO	W NY 11761								
CITY-ST-ZIP	MASSAPEQUA PARK, NY 11762		_	3.4. CITY-ST-ZIP 4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME							
1	STREET ADDRESS		4.3 STREE	4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITLE						Change	Addition

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Addition

☐ Change