

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90061 021 ***150.00

DOCUMENT # F96000002152

i. Corporation Name
TIREM CONTRACTING INC.

Principal Place of Business

Mailing Address

#3, BOX 59
MONOGAHELA PA 15063

R.D. #3, BOX 59
MONOGAHELA PA 15063



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

25-1568657

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

CP ☐ DELETE

1.1 TITLE

CP - CEO
Gigliotti, Clement P.

1 ADDRESS
R.D. #3, BOX 59
MONOGAHELA PA 15063

1.2 NAME

1.3 STREET ADDRESS

1428 Delberts Drive

1.4 CITY-ST-ZIP

Monongahela, PA 15063

ST-ZIP

DV ☐ DELETE

2.1 TITLE

DP
Ronald C. McCracken

1 ADDRESS
R.D. #3, BOX 59

2.2 NAME

2.3 STREET ADDRESS

1428 Delberts Drive

ST-ZIP

MONOGAHELA PA 15063

2.4 CITY-ST-ZIP

Monongahela, PA 15063

DST ☐ DELETE

3.1 TITLE

DST

1 ADDRESS
WILLIAMS, CHARLENE

3.2 NAME

3.3 STREET ADDRESS

1428 Delberts Drive

ST-ZIP

MONOGAHELA PA 15063

3.4 CITY-ST-ZIP

Monongahela, PA 15063

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1 ADDRESS

ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1 ADDRESS

ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1 ADDRESS

ST-ZIP

☐ DELETE

1 ADDRESS

ST-ZIP

☐ DELETE

1 ADDRESS

ST-ZIP

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.

SIGNATURE: CHARLENE WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

724-258-9009

Daytime Phone #

CR2E034 (11/98)