May 08, 1999 8:00 am Secretary of State

05-08-1999 90046 046 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700005851

1. Corporation Name

WES MC	Drgan Construction, in	C.						
Principal Plac	e of Rusiness	Mailing Address					arrei ioioi di	
105 JEFFERSON STREET 105 JEFFERSON STREE NEWARK OH 43055 NEWARK OH 43055								
		-				DO NOT WRITE IN THIS SPA	ACE	
						3. Date Incorporated or Qualified 11/04/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				31-1265501	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					8.75 Ad	dditional
22						5. Certifcate of Status Desired	_Fee.Reg	uired
City & Stat		City & State				6. Election Campaign Financing	\$5.00 N	Jav Be
23	28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangi	ible	
24	25	29	30					<b>∑</b> No
	9. Name and Address of Current		70,			10. Name and Address of New Registered Age	ent	
				81	Name			
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable)		[
PLAN	NTATION FL 33324			83				
			l	"				
				84	City	F. 8	5 Zip Ci	ode
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	inonzea	DV (	ine corporati	poration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appointment	nging its r ent as regi	egistered istered
SIGNATURE						ed when reinstating) DATE		
	Signature, typed or printed name of registered agent		Registered 13.	Agent	t signature requir	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND C	IRECTOR	RS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 70				Change	Addition
TITLE	PCD	C DELETE				L-	Johango	
NAME	MORGAN, WES		1.2 NA	ME				
STREET ADDRESS			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	NEWARK OH 43055		1.4 C/I		-ZIP			
TITLE	DWC □ DELETE 2.1		2.1 TIT	LΕ		L.	] Change	Addition
NAME	MORGAN, F. M		2.2 NA	ME		•		
STREET ADDRESS	105 JEFFERSON STREET		2.3 ST	REET	ADDRESS			
CπY÷ST-ZIP∽	NEWARK-OH-43055		~ . 2. 4 Ci	TY-51	T-ZIP			
TITLE		☐ DELETE	3.1 TIT	lΕ			] Change	☐ Addition
NAME			3.2 NAME		ĺ			
STREET ADDRESS					ADDRESS			}
	1		3.4. CI					ļ
TITLE		☐ DELETE	4.1 TI	*****			] Change	Addition
		<u> </u>	4. 2 N				=	
NAME					ADDRESS			}
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CII	_	-ZIP		1 Change	Addition
I TITLE	İ		3.1 111	ᄕ	ı	<u> </u>	,go	

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 attactoment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: X

NAME

πιΕ

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Addition