## 99 JAN 15 PM 2: 4!

## DOCUMENT # F9800000246 1. Corporation Name

PROFIT

CORPORATION

ANNUAL REPORT

1999

1ST AMERICAN CONSTRUCTION CORPORATION

Principal Place of Business 113 CRYSTAL HILL RD.

Mailing Address

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

113 CRYSTAL HILL RD. HOT SPRINGS AR 71913

SECRETARY OF STATE	
SECRETARY OF STATE TALL AHASSEE, FLORIDA	

H	OT SPRINGS AR 71913	HOT SPRINGS AR 71913			1				
				Ĺ	DO NOT WRITE IN THIS SPACE				
					["	3. Date Incorporated or Qualifed		-	
		_				01/14/1998			
2.	Principal Place of Business	2a. Mailing Address			:	4. FEI Number		Applied For	
21		26				<b>71-0785527</b>		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	#7			5. Certificate of Status Desired	•	75 Additional e Required	
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be	
24	Zip Country 25	Zip 29	Count	try	- :	This corporation owes the current year le Personal Property Tax.	ntangible	Ď <b>Š</b> No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
COMEAU, CHARLES M 304 OAKWOOD CT. LAKE MARY EL 32746			8	31	Name				
			. 8	32	Street Address (P.O. Box Number is Not Acceptable)				
			8	33					
			_	14	City	F	<u> </u>	Zip Code	
11. 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									

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CPT TITLE DELETE 1.1 TITLE ☐ Change ERICKSON, WAYNE H NAME 1.2 NAME 121 SANSON PL. STREET ADDRESS 1.3 STREET ADDRESS HOT SPRINGS AR 71913 CITY-ST-ZIF 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TITLE Change 2.1 TITLE ERICKSON, SHIRLEY L NAME 2.2 NAME 500002747305---01/20/99--01027--014 121 SANSON PL. STREET ADDRESS 2.3 STREET ADDRESS HOT SPRINGS AR 71913 CITY-ST-ZIP 2.4 CITY-ST-ZIP \*\*\*\*158 \*\*\*\*158 DELETE TITLE 3.1 TITLE COMEAU, CHARLES M NAME 3.2 NAME 304 OAKWOOD CT. STREET ADDRESS 3.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TILLE TILE ☐ DELETE Addition 62 NAME NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

Par WAYNE H. Enchson

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