

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90009 005 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000003548**

1. Corporation Name

**REDMOND CONSTRUCTION CO., INC.**

Principal Place of Business

W228 N727 WESTMOUND DRIVE SUITE A  
WAUKESHA WI 53186-1654

Mailing Address

W228 N727 WESTMOUND DRIVE SUITE A  
WAUKESHA WI 53186-1654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/22/1998**

4. FEI Number

**39-1239134**

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. ☐ Yes ☐ No

2. Principal Place of Business

W228 N745 Westmound Drive

Suite, Apt. #, etc.

City & State

WAUKESHA WI

Zip

53186-1654

Country

WAUKESHA

2a. Mailing Address

W228 N745 Westmound Drive

Suite, Apt. #, etc.

City & State

WAUKESHA WI

Zip

53186-1654

Country

WAUKESHA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	VOELZ, JAMES G	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>
V	MACHIA, RALPH L	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>
SD	REDMOND, MARK D	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>
CTD	REDMOND, THOMAS J	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>
D	PEREGRINE, ROBERT B	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>
D	GOSEWEHR, CARL L	W228 N727 WESTMOUND DRIVE, STE A WAUKESHA WI		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		W228 N745 Westmound Drive WAUKESHA, WI 53186-1654		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99

414-549-9600

CR2E034 (5/99)