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03-05-1999 90026 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F98000003982

1. Corporation Name

CLYDE N. LATTIMER & SON CONSTRUCTION CO., INC.



Principal Place of Business

**228 NORTH ROUTE 73
BERLIN NJ 08009**

Mailing Address

**228 NORTH ROUTE 73
BERLIN NJ 08009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

22-2471593

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**FRENCH, TED
% DICKINSON, GIBBONS
1750 RINGLING BLVD.
SARASOTA FL 34236**

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 **PD** ☐ DELETE
NAME **LATTIMER, SCOTT R**
STREET ADDRESS **59 GEORGIA TRAIL**
CITY-ST-ZIP **MEDFORD NJ 08053**

TITLE **V** ☐ DELETE
NAME **GOLDSMITH, KEVIN C**
STREET ADDRESS **1649 SILVER BIRCH ROAD**
CITY-ST-ZIP **WILLIAMSTOWN NJ 08094**

TITLE **S** ☐ DELETE
NAME **MCGROARTY, JAMES B**
STREET ADDRESS **143 PARKVIEW ROAD**
CITY-ST-ZIP **STRATFORD NJ 08084**

TITLE **TD** ☐ DELETE
NAME **LONG, KIM C**
STREET ADDRESS **1 SHAMROCK LANE**
CITY-ST-ZIP **MARLTON NJ 08053**

TITLE **C** ☐ DELETE
NAME **LATTIMER, CLYDE N**
STREET ADDRESS **1 CRESTVIEW DRIVE**
CITY-ST-ZIP **CHERRY HILL NJ 08003**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **PETERSON, THEODORE L.**
1.3 STREET ADDRESS **107 COUNTRY LANE**
1.4 CITY-ST-ZIP **SICKLERVILLE, NJ 08081** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: SCOTT R. LATTIMER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 609-768-3700

Date

Daytime Phone #

CR2E034 (11/98)