Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90199 005 ***150.00

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

DOCUI	MENT # G0384	5			
i. Corporation	CONSTRUCTION, INC.				
MARIAILL	CONSTRUCTION, INC.			C HORACHI BANA BANAD HIKAT IZHIK BIRAK ANTI BIRAK	. 31002 81811 81802 81821 81812 1882
Principal Place	e of Business	Mailing Address		- I I DOISTA ONA DOIRD FINDS SOLIN NAME AND AND AND AND AND ALBERT	BIBIN ALDI: BIBIN ALDIN ANDIN SUBI
1617 ROWE AV	Æ.	1617 ROWE AVE.			
P.O. BOX 9400-A P.O. BOX 9400-A			DO NOT WRITE IN THI	C CDACE	
JACKSONVILLE	FL 32208	JACKSONVILLE FL 32208		3. Date Incorporated or Qualifed	
				10/08/1982	i
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2228575	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Octalicate of Glades Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	⊢	30	This corporation owes the current year In Personal Property Tax.	ntangible □Yes □No
24	9. Name and Address of Curre		30	10. Name and Address of New Registered	
			81 Name		
	.er, donald L.B.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1605 ROWE AVENUE			Street Addre	ess (P.O. Box Multiber is Not Acceptable)	<u> </u>
JAC	KSONVILLE FL 32208		83		
			84 City		85 Zip Code
	_			FI	L
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the appo	of changing its registered continent as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.	and pour an amoutons. Thereby accept the app.	
SIGNATURE					
12,	Signature, typed or printed name of registered age	ant and title if applicable (NOTE. ND DIRECTORS	Registered Agent signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	THOMPSON, MARY K.	_	1.2 NAME		J
STREET ADDRESS	1617 ROWE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	Р	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ELIZABETH C		2.2 NAME		
STREET ADDRESS	1617 ROWE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE,FL 00000		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	MILLER, DONALD L B		3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4. CITY- ST-ZIP		
TITLE	V	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLOSE, DONALD L.		4. 2 NAME		
STREET ADDRESS	1617 ROWE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- December	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
WILL 01-411					
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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 corpbration 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.

6.4 CITY-ST-ZIP

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR
1.7.2 Deth C. Miller, President

3/9/99

904/768-2300

Daytime Phone #