

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

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90008 031 *****8.75

03-13-1999 90008 032 ***150.00

DOCUMENT # G38465

1. Corporation Name

FASCO CONSTRUCTION, INC.

Principal Place of Business

**724 N.W. 6TH STREET
BOCA RATON FL 33486
US**

Mailing Address

**589 BRUNNER HILL RD
PALMYRA IN 47164
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1983

4. FEI Number

61-0658747

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

9. Name and Address of Current Registered Agent

**KIDD, WILLIAM R.
421 DELANNEY AVENUE
COCOA FL 32922**

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 **P** ☐ DELETE

NAME **FERRIELL, FRED M.**

STREET ADDRESS **724 NW 6TH ST**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ DELETE

NAME **MERCKER, GEORGE E.**

STREET ADDRESS **401 KENTUCKY HOME LIFE**

CITY-ST-ZIP **LOUISVILLE KY**

TITLE **T** ☐ DELETE

NAME **MATTHEWS, KAREN R**

STREET ADDRESS **589 BRUNNER HILL RD**

CITY-ST-ZIP **PALMYRA IN**

TITLE **VD** ☐ DELETE

NAME **FERRIELL, ROBERT A**

STREET ADDRESS **1403 REGAL SPRINGS COURT**

CITY-ST-ZIP **LOUISVILLE KY**

TITLE **VP** ☒ DELETE

NAME **PEARL, DELMAR**

STREET ADDRESS **770 SUNDIAL COURT #412**

CITY-ST-ZIP **FT WALTON BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

Fred M. Ferriell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fred M. Ferriell

2-4-99 812-364-4448
Date Daytime Phone #

CR2E034 (11/98)