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**

DOCUMENT # G57347

1. Corporation Name

PRINCE	Contracting Co., Inc.								
Principal Place	of Business	Mailing Address		-					
5411 WILLIS ROAD 5411 WILLIS ROAD PALMETTO FL 34221-9295 PALMETTO FL 34221-9295						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/29/1983			
2. Principal Pl	ace of Business	2a. Mailing Address		··		4. FEI Number	L		ed For
21		26				59-2318360			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	F	.75 Add ee Requ	ired
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		.00 Ma	
Zip	Country	Zip	Count	у		8. This corporation owes the currer			l
24 25 29 30				Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Re	gistered Agent		
CLIM	MINGS, F. ALAN		8	1 Name					
1004 DESOTO PARK DR.				2 Street	Address (P.O. Box Number is Not Acceptable)				
IALL	AHASSEE FL 32301		8	3		••			
			8	4 City			FL 85	Zip Co	de
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized b	v the com	corporation	ation submits this statement for the p s board of directors. I hereby accept	urpose of changi the appointment	ng its re as regis	gistered itered
SIGNATURE		APOTE I	N1-1		romicod u	hen reinstating)	DATE	<u>· </u>	— í
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ent signature	reduiled w	ADDITIONS/CHANGES TO OFFI		ECTOR	S IN 12
TITLE	VP CERT AND	DELETE	1,1 TITLE		Exe	cutive Vice Preside		ange	Addition
NAME	WALKER, JAMES B		1.2 NAMi		12.0	odervo vroc rreside			•
STREET ADDRESS	EA44 MILLIC DOAD			T ADDRESS			}		
_	DALMETTO EL 04004			TY-ST-ZIP					
CITY-ST-ZIP TITLE			2.1 TITLE		Ass	sistant Secretary	[X] Ch	ange	Addition
NAME			2.2 NAMI	<u> </u>					
STREET ADDRESS	COOF OFFICE W			ET ADDRESS					
CITY-ST-ZIP	DRADENTON EL GAGOS			-ST-ZIP		art or			ļ
TITLE	1	DELETE 3.1 T			1		☐ Ch	ange	Addition
NAME	BARTELL, KATHY L 32N		3.2 NAM	Ē					
STREET ADDRESS	6618 HERITAGE LANE		3.3 STRE	ET ADDRESS	:[ĺ
CITY-ST-ZIP	BRADENTON FL		3.4. CITY	-ST-ZIP					
TITLE			4.1 TITLE				☐ Ch	ange	Addition
NAME	WIESELER, GARY		4. 2 NAM	E					l I
STREET ADDRESS	815 CHESTNUT STREET		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CLERMONT FL		4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Pre	sident	∵ Ch	ange	★ Addition
NAME			5.2 NAM	Ε	Pri	nce, Chester W.			
STREET ADDRESS			5.3 STRE	ET ADDRESS	1	1 Willis Road			
CITY-ST-ZIP			54 CITY	ST-ZIP	1	metto, FL 34221			
TITLE		☐ DELETE	6.1 TITLE			retary	□ CH	ange	X 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 corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DeLay, Linda A

204 30th St. W.

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90222 035 ***158.75