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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90038 047 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G70283

NORTH B	AY CONSTRUCTION, INC.	Mailing Address					
Principal Place of Business		1717 TENNESSEE AVE					
1717 TENNESSEE	AVE	LYNN HAVEN FL 32444			DO NOT WRITE IN	THIS SPACE	
LYNN HAVEN FL US	32444	US				HIS STACE	
US					3. Date Incorporated or Qualifed		Ì
					11/10/1983 4. FEI Number	App	lied For
2. Principal Pla	ce of Business	2a. Mailing Address			59-2360130	<u> </u>	Applicable -
21		26			_	\$8.75 A	
Suite, Apt. #	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Rec	I
22		27	.		6. Election Campaign Financing	\$5.00	May Be
City & State		City & State			Trust Fund Contribution	Added to	- (
23		28	Country		8. This corporation owes the current ye	ar Intangible	
Zip	Country	Zip	30		Personal Property Tax.	☐Yes	□No
24	25	29 A Device and Agent			10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Curren	t Registered Agent	81	Name			Į
OCDE	RY, BILL		<u> </u>		dress (P.O. Box Number is Not Acceptable)		
1717	TENNESSEE AVE		82	Street Add	iress (P.O. Box Number is Not Acceptable)	314.4 <u>14.4 14.4 14.44.</u>	
1 VNIA	HAVEN FL 32444		83	,	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	"说话! 競玩	7, 19
LINE	A LIMATIN I E OFFICE			<u> </u>	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode
	•		84				{
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida State of Florida. Such change was	utes, the above	/e-named cor / the corporat	rporation submits this statement for the purportion's board of directors. I hereby accept the	se of changing its appointment as reg	registered jistered
	Stanature typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Age			TE	RS IN 12
	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOT	TE: Registered Age	ent signature requi	ADDITIONS/CHANGES TO OFFICE	TE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	nt and title if applicable. (NO	TE: Registered Age 13. 1.1 TITLE	ent signature requi	DA	TE RS AND DIRECTO	RS IN 12
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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 change or or an attackment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

01/08/99

850-265 - 5088