Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90153 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H02226

1. Corporation Name

PITKUS CONSTRUCTION, INC.

Principal Place of Business Mailing Address									å (1818 ålt) atali	Graff Giati Alan Al	áti aláii 1881
159 COUNTRY CLUB ROAD			159 COUNTRY CLUB ROAD								
SHALIMAR FL 32579			SHALIMAR FL 32579				DO NOT W	VRITE IN TH	IS SPACE		
							3 Dat	te Incorporated or Qualif			
								/04/1984	CO		
- 5	D 4 D (2a. Mailing A	ddroon.				Number		LADI	lied For
— `	Place of Business			uaress				-2423730		<u> </u>	Applicable
21 Cuita Ast	# ata		Suite, Apt	t etc				-2420130		\$8.75 A	
Suite, Ant.	#, etc.		27 Suite, Apr	#, 6 16.			5. Cer	rtifcate of Status Desired	· 🗆	Fee Rec	
City & Stat	te		City & Sta	ate			6. Ele	ction Campaign Financi	ng 📑	\$5.00 1	
23			28				Tru	st Fund Contribution		Added to	Fees
Zip	Cour	try	Zip		Coun	try	8. Thi	s corporation owes the o	current year		
24	25				30			rsor al Property Tax.			[]No
	9. Name and Add	ess of Current	Registered Age	nt		T	<u>10. Na</u>	me and Address of Ne	w Registere	d Agent	
S.C.O.	".O DADDADA A					Name					
PITKUS, BARBARA A. 159 COUNTRY CLUB ROAD					l ₂	32 Street /	Ac dress (P.O.	Box Number is Not Acco	eptable)	·	
SHA	LIMAR FL 32579				{	33					
					1	34 City				. 85 Zip C	ode
						"			F	ᆫᆝᆝ	
office cri	to the provisions of Se registered agent, or bo am familiar with, and ac	h, in the State c	rf Florida, Such ch	iange was i	iuthorized l	by the corpo	corporation sui oration's board	bmi:s this statement for of directors. I hereby ac	the purpose cept the app	of changing its i	registered stered
SIGNATURE	Signature, typed or printed na	an of rogistered agent	and title if applicable	(NOT	: Registered A	nent signature re	equired when reinsta	ating)	DATE		
12.		OFFICERS AND		(,,,,,	13.	3		OITIONS/CHANGES TO	OFFICERS,	ND DIRECTO	ES IN 12
TITLE	PD	<u>*</u>		DELETE	1.1 TITL	E				Change	Addition
NAME	PITKUS, EDWARD	D.			1.2 NAM	E					
STREET ADDRESS	150 001 B 1504 01				13 STR	EET ADDRESS					
CITY-ST-ZIP	SHALIMAR FL	00			•	-ST-ZIP					
TITLE	STD			DELETE	2 1 TITL		_			☐ Change	Addition
NAME	PITKUS, BARBARA	λ Α .			2.2 NAM	IE					
STREET ADORESS					2.3 STR	EET ADDRESS					
CITY-ST-ZIP	SHALIMAR FL				2. 4 CIT	Y-ST-ZIP					
TITLE				DELETE	3.1 TITL					Change	Addition
NAME					3.2 NAM	E					
STREET ADDRESS	,				33 STR	EET ADDRESS					
CITY-ST-ZIP					3.4. CIT	Y-ST-ZIP					
TITLE				DELETE	4 1 TITL					Change	Addition
NAME					4. 2 NA	AE					
STREET ADORE IS						EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					1
TITI F	 	_		DELETE	5.1 TITL					Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify fir 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 or derivative and officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRE 35

STREET ADORE S

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition