PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H10652

1. Corporation Name

BULLOCK CONSTRUCTION, INC.

Principal Place	e of Business	Ivialing Address						
1831 BISCAYNE	DRIVE	1831 BISCAYNE DRIVE	1831 BISCAYNE DRIVE					
ORLANDO FL 3	2804	ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE		
US		US	US			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed		
						07/01/1984		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F	or	
	0.00	26				59-2429791 Not Appli	cable	
21		Suite, Apt. #, etc.				\$8.75 Addition		
Suite, Apt. #, etc.		— <u> </u>	⊢			5. Certificate of Status Desired Fee Required		
22		27						
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May E		
23		28				Trust Fund Contribution Added to Fee	<u>-</u>	
Zip	Country	Zip	Zip Country			This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent		
3. Name and reasons of our control of the control o				81	Name			
BULLOCK, ROBERT D.								
	BISCAYNE DRIVE		82		Street Add	ress (P.O. Box Number is Not Acceptable))	
UHU	ANDO FL 32804			83				
				0.4	City .	85 Zip Code		
				84	City	FL S Z F C C FL S Z F C C C C C C C C C		
44 Durawant	to the provinces of Sections 607 (3502 and 607 1508 Florida Statu	ites the	ahove	e-named corr	poration submits this statement for the purpose of changing its regist	ered	
l office or re	egistered agent or both in the Sta	ate of Florida. Such change was	authorize	d by	the corporati	ion's board of directors. I hereby accept the appointment as registere	:d	
agent. I ar	m familiar with, and accept the obl	igations of, Section 607.0505, Fl	orida Sta	tutes	•		- {	
SIGNATURE							_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					it signature require	ed when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PTD DELETE 1		1.11	ITLE		Change	Addition	
NAME	BULLOCK, ROBERT D.	ERT D.		IAME				
STREET ADDRESS	ACCUPATION AND PORT		1.3 STREET ADDRESS		TADDRESS		ļ	
l i	ADI ANDA EL		1.4 CITY-ST-ZIP					
CITY-ST-ZIP				2.1 TITLE		☐ Change ☐	Addition	
TITLE			1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	BULLOCK, JOYCE W.		2.2 NAME 2.3 STREET ADOI					
STREET ADDRESS 1831 BISCAYNE DRIVE					TADORESS			
CITY-ST-ZIP ORLANDO FL			2.4	CITY-S	ST-ZIP			
TITLE	☐ DELETE		3.1 T	3.1 TITLE		Change	Addition	
NAME			3.21	3.2 NAME			1	
!				3.3 STREET ADDRESS				
STREET ADDRESS					Ì			
CITY-ST-ZIP				CITY-S	iT-ZIP	☐ Change ☐	Addition	
TITLE	DELETE		4.1 T	4.1 TITLE		□ Change □	Addition	
NAME			4.2	NAME				
STREET ADDRESS			4.3 9	STREE	T ADDRESS			
CITY-ST-ZIP			440	CITY-S	T-71P			
TITLE	☐ DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition	
				NAME				
NAME					T ADDRESS		į	
STREET ADDRESS								
CITY-ST-ZIP	· 			CITY-S	T-ZIP		A 1 H2	
TITLE		☐ DELETE	6.13	TITLE		☐ Change	Addition	
NAME			6.21	NAME				
]	1							

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.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

May 17, 1999 8:00 am Secretary of State

05-17-1999 90005 015 ***150.00