## 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 # H17163

Corporation Name

SUTTER BUILDING CONTRACTORS, INC.

Prin	cipa	ıı Plac	e or	Business
5602	US	HWY	19	

Mailing Address

5602 US HWY 19 NEW PT. RICHEY FL 3465

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90038 014 \*\*\*150.00



US		US		DO NOT WRITE IN THIS SPACE					
•					3. Date Incorporated or Qualifed	_			
					08/17/1984				
2. Principal Pi	ace of Business	2a. Mailing Address		_	4. FEI Number	` A	pplied For		
21 66	16 GUFDE.	26 5616 COL	VF	12.	59-2439909	N	ot Applicable		
Suite, Apt.	#, etc =-	Suite, Apt. #, etc			5. Certificate of Status Desired	•	Additional equired		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intan	gible			
24	25	29 30	0		Personal Property Tax.	Yes	No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	jent			
			81	Name					
	ter, scott H.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
6648 RIVER RD			02	Street Address (P.O. Box Number is Not Acceptable)					
NEW	PORT RICHEY FL 34652		83						
			-	ļ		[an] 7:-	0-1-		
			84	City	FL	85 Zip	Code		
11 Durguant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	e-named con	poration submits this statement for the purpose of ch	anging it	s registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autr	norized by	tne corporati	ion's board of directors. I hereby accept the appoints	nent as r	egistered		
SIGNATURE									
	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating) DATE	DIDECT	ODE IN 42		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition		
TITLE	PST	☐ DELETE	1.1 TITLE		'				
NAME	SUTTER, SCOTT H.		1.2 NAME						
STREET ADDRESS	6648 RIVER RD		1.3 STREE	TADDRESS					
CITY-ST-ZIP	NEW PT. RICHEY FL 34652		1.4 CITY-5	ST-ZIP		70			
TITLE		☐ DELETE	2.1 TITLE		·	Change	Addition		
NAME			2.2 NAME				†		
_STREET ADDRESS	حال ہے۔ اور چین کے کشک موال ہ	ا چيء	2.3 STREE	TADDRESS	للمستملك والمراجع والمراجع والمراجع				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME	,		3.2 NAME	1					
STREET ADDRESS	1. 41 May 16 m	T (\$100)	3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS			}		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME				ļ		
STREET ADDRESS			5.3 STREE	TADDRESS					
			5,4 CITY-5	ST-ZIP			ł		
CITY-ST-ZIP	-	☐ DELETE	6.1 TITLE	, .		☐ Change	☐ Addition		
NAME			6.2 NAME		, ,				
	,		6.3 STREE	T ADDRESS	• • •				
STREET ADDRESS	,		SACTV S				Į.		

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 suppliemental 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 727-845-7310

CR2F034.(11/9