

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90004 029 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H40072**

1. Corporation Name  
**AVON CONSTRUCTION, INC.**

Principal Place of Business  
**1401 W BLISS ST  
AVON PARK FL 33825**

Mailing Address  
**1401 W BLISS ST  
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/29/1985**

4. FEI Number  
**59-2494434**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MCCLELLAN, JOHN F.  
1401 W BLISS ST  
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCLELLAN, JOHN F.</b>	1.2 NAME	<b>JOHN F. MCCLELLAN</b>
STREET ADDRESS	<b>1401 W BLISS ST</b>	1.3 STREET ADDRESS	<b>1401 W BLISS ST</b>
CITY-ST-ZIP	<b>AVON PARK FL</b>	1.4 CITY-ST-ZIP	<b>AVON PARK FL 33825</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLELLAN, SHERYL A</b>	2.2 NAME	
STREET ADDRESS	<b>1401 W. BLISS STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLELLAN, JOHN E.</b>	3.2 NAME	
STREET ADDRESS	<b>2170 OLEANDER</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EWING, JUDY</b>	4.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 174C NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLELLAN, BRASS C</b>	5.2 NAME	
STREET ADDRESS	<b>1401 W BLISS ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLELLAN, BLISS A</b>	6.2 NAME	
STREET ADDRESS	<b>1401 W BLISS ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John F. McClellan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-4-99 941-452-2999**

CR2E034 (1/198)