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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90138 014 ***150.00

DOCUMENT # **H50303**

1. Corporation Name

DAWSON	n Building Contractor	is, inc	•						-	
Principal Place	e of Business	Mai	ling Address				{		AN DIDN BIBLI DI	IBIN 93911 (40)
350 LOCUST STREET P O BOX 83			BOX 830 ISDEN AL 35999	·			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1005			
		100	Maritia - Addaga	•			04/03/1985 4. FEI Number		-T And	olied For
	lace of Business	\vdash	Mailing Address				59-2559696		<u> </u>	Applicable
21	# ata	26	Suite, Apt. #, etc.				59-2009090	a	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_			5. Certificate of Status Desired		Fee Rec	
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country		Zip	Country	,		8. This corporation owes the curr	ent year Inta		
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Regist	ered Agent				10. Name and Address of New I	Registered /	lgent	
14.74.11	IOW DODERT I			81	Name					
Winicki, Robert J. Barnett Bank Building 100 Laura Street					82 Street Address (P.O. Box Number is Not Acceptable)					
					<u> </u>					——
JACKSONVILLE FL 32201				83				'		
WOOLOOTTIELE 12 OLEO					City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508. Florida Statute	es, the abov	e-namec	corpo	ration submits this statement for the	numose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was at	uthorized by	the corp	ooration	's board of directors. I hereby acce	pt the appoir	itment as reg	gistered
SIGNATURE										
	Signature, typed or printed name of registered age				nt signature	required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIBECTO	PS IN 12
12.	OFFICERS AN	ND DIREC	DELETE	13. 1.1 TITLE		7	ADDITIONS/CHANGES TO CI	FIOLIS AIT	Change	Addition
TITLE	D DAWCON WILLIAM THOMAS		- Deterie						—	
NAME	DAWSON, WILLIAM THOMAS			1.2 NAME	T ADDRESS					
STREET ADDRESS	205 HARTWOOD DRIVE					'				
CITY-ST-ZIP	GADSDEN AL		[] DELETE	1.4 CITY-5	51-ZIP	+			Change	[] Addition
TITLE	PD DAMEON LANCE MADISON			2.2 NAME		ļ				
NAME	DAWSON, JAMES MADISON				T ADDRESS	,				
STREET ADDRESS	918 RANDALL ST GADSDEN AL			= 2:4 CITY:		2		=	·	
CITY-ST-ZIP	S S		☐ DELETE	3.1 TITLE	31-215	1			Change	Addition
NAME	MCCULLARS, DENISE W		_	3.2 NAME						
STREET ADDRESS		(ES			TADDRESS	,				
CITY-ST-ZIP	GLENCOE AL	0		3.4. CITY-		1				
TITLE	VD VD		☐ DELETE	4.1 TITLE	VI 2			"	Change	Addition
NAME	WEAVER, EDWARD B III			4. 2 NAME						}
STREET ADDRESS	307 MISTLETOE HOLLOW RO.	AD		4.3 STREE	T ADDRESS	5				
CITY-ST-ZIP	GADSDEN AL			4.4 CITY-	ST-ZIP	1				
TITLE	VD		☐ DELETE	5.1 TITLE	***				Change	∐ Addition ∫
NAME	DAWSON, W. JUD			5.2 NAME		1				
STREET ADDRESS	601 TURRENTINE ST			5.3 STREE	TADDRESS	3				
CITY-ST-ZIP	GADSDEN AL			5.4 CITY-	ST-ZIP	<u></u>		-		
TITLE			☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME				6.2 NAME		1				
STREET ADDRESS				6.3 STREE	T ADDRESS	3				

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 of fustee 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

🔼 James M. Dawson, President

2/5/99

256/547-2566

Daytime Phone # Ext. 108