


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90057 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																													
<b>DOCUMENT # H66068</b> 1. Corporation Name <b>TOM PRINCE CONSTRUCTION COMPANY</b>																																																																	
Principal Place of Business <b>140 ALEXANDRIA BLVD.</b> <b>SUITE D</b> <b>OVIEDO FL 32765</b> <b>US</b>			Mailing Address <b>140 ALEXANDRIA BLVD</b> <b>SUITE D</b> <b>OVIEDO FL 32765</b> <b>US</b>																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>07/11/1985</b> 4. FEI Number <b>59-2557563</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																													
9. Name and Address of Current Registered Agent <b>BILL PALMER CARLTON, FIELD ATTN</b> <b>255 S ORANGE AVE</b> <b>STE #1600</b> <b>ORLANDO FL 32801</b>			10. Name and Address of New Registered Agent 81 Name <b>PALMER + PALMER WILLIAM D. PALMER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3117 BEDGEMATER DR.</b> 83 84 City <b>ORLANDO, FL</b> <b>FL</b> 85 Zip Code <b>32804</b>																																																														
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 <i>William D. Palmer</i> DATE <b>3/2/99</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>PRINCE, THOMAS A.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3519 SCOUTOAK LOOP</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OVIEDO FL</b></td> <td></td> </tr> </table>			TITLE	<b>P</b>	<input type="checkbox"/> DELETE	NAME	<b>PRINCE, THOMAS A.</b>		STREET ADDRESS	<b>3519 SCOUTOAK LOOP</b>		CITY-ST-ZIP	<b>OVIEDO FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE																																																															
NAME	<b>PRINCE, THOMAS A.</b>																																																																
STREET ADDRESS	<b>3519 SCOUTOAK LOOP</b>																																																																
CITY-ST-ZIP	<b>OVIEDO FL</b>																																																																
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
1.2 NAME																																																																	
1.3 STREET ADDRESS																																																																	
1.4 CITY-ST-ZIP																																																																	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
2.2 NAME																																																																	
2.3 STREET ADDRESS																																																																	
2.4 CITY-ST-ZIP																																																																	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
3.2 NAME																																																																	
3.3 STREET ADDRESS																																																																	
3.4 CITY-ST-ZIP																																																																	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
4.2 NAME																																																																	
4.3 STREET ADDRESS																																																																	
4.4 CITY-ST-ZIP																																																																	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
5.2 NAME																																																																	
5.3 STREET ADDRESS																																																																	
5.4 CITY-ST-ZIP																																																																	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
6.2 NAME																																																																	
6.3 STREET ADDRESS																																																																	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/99** **407-**  
**977-0123**

CR2E034 (1/98)