

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90093 046 ***150.00

0061430

DOCUMENT # H78228

1. Corporation Name
LUCIAN KRAGIEL, BUILDER, INC.

Principal Place of Business

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601

Mailing Address

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1985

4. FEI Number

59-2570673

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE VD ☐ DELETE

NAME KRAGIEL, LUCIAN
STREET ADDRESS 3105 NW 38TH ST
CITY-ST-ZIP GAINESVILLE FL

TITLE PTD ☐ DELETE

NAME REIFEL, ROBERT D.
STREET ADDRESS 2105 NW 9 AVE
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE VD ☐ DELETE

NAME KRAGIEL, GREGORY P.
STREET ADDRESS 1125 N.W. 36TH ROAD
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ DELETE

NAME REIFEL, PATRICIA A.
STREET ADDRESS 2105 NW 9 AVE
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE V ☐ DELETE

NAME STEPHENS, THOMAS
STREET ADDRESS 102 HOTEL ST
CITY-ST-ZIP MELROSE FL

TITLE V ☐ DELETE

NAME BRECKENRIDGE, KENNETH C.
STREET ADDRESS 2712 SW 34TH ST. #49
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

352-378-0521
Daytime Phone #

CR2E034 (11/98)