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

Mailing Address

795 ELLICOT CIRCLE PORT CHARLOTTE FL 33952

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-10-1999 90035 027 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H95959 1. Corporation Name

Principal Place of Business 795 ELLICOT CIRCLE

PORT CHARLOTTE FL 33952

SIGNATURE:

DAVID HARTT CONSTRUCTION, INC.

								3.	Date Incorporated or Qualifed				
									01/27/1986				
2. Principal Pla	ace of Business	2a.	2a. Mailing Address					4.	FEI Number		<u> </u>	plied For	
· ·		26							59-2621391		No	t Applicable	
Suite, Apt. #	⊭, etc.	27	Suite, Ap	ot. #, etc.				5.	Certifcate of Status Desired		\$8.75 A	t i	
City & State			. City & State					6.	Election Campaign Financing		\$5.00	May Be	
¬ '	•	28						"	Trust Fund Contribution		Added 1	-	
Zip	Country Zip					Country			This corporation owes the curr	ent year Inta	ingible	-	
¬ '	25 29 30								Personal Property Tax.   X Yes □ No				
9. Name and Address of Current Registered Agent						~			10. Name and Address of New Registered Agent				
<del></del>	S. Halle dila resista		•	·		81	Name						
HARTT, DAVID								- /5	O. Day Niverbas in Not Assessed	ıblo)			
795 ELLICOTT CIRCLE						82 Street Address (P.O. Box Number is Not Acceptable)						D. 216 D 3927	
PORT CHARLOTTE FL 33952						83 (6) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							
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						84	City			FI	* 85 Zip	Code	
The land of the purpose of changing its registered													
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 OFFICERS ANI			(1401	13.	Agon	1 signisture required		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12	
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	that the information supplied with	th this	filing does	not qualify	for the exe	empt	ion stated in S	Sectio	on 119.07(3)(i), Florida Statutes.	I further ce	tify that the	information	
indicated	14. I hereby certify that the information supplied with this filling 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.												