PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT

1. Corporation	O-OP CONSTRUCTION, INC.						
Principal Place	of Business	Mailing Address		I SOURTE BIN LINE BEITE AND IN AND IN AND IN	E1811 81811 81811 81	1811 91911 1891	
4903 KNOX STI	4903 KNOX STREET			•			
P.O. BOX 15057 P.O. BOX 15057							
TAMPA FL 3368	34	TAMPA FL 33684		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/30/1986		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apr	plied For	
21		26		59-2270967		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country Zip		Countr	у	8. This corporation owes the current year Ir		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	I Agent	
			81	1 Name			-
NEUKAMM, JOHN B.				2 Street Addr	ress (P.O. Box Number is Not Acceptable)	,	
100 N TAMPA STREET							
SUITE 1900			83	3			
TAM	PA FL 33602		84	4 City		85 Zip C	ode
		•	-		<u> </u>	┕╽┆╵	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	uthorized by rida Statute	y the corporations.	poration submits this statement for the purpose con's board of directors. I hereby accept the appointment when rejustation.	intment as reg	jistered
	Signature, typed or printed name of registered agent			ent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	_						
NAME	RUTKOSKI, JOSEPH J.		1.2 NAME				ļ
STREET ADDRESS	6180 SUN BLVD #605			ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	I'' DELETE	1,4 CITY-	i		Change	Addition
TITLE	DV	☐ DELETE	2.1 TITLE			ondingo	
NAME	FRISCO, RAYMOND S.		2.2 NAME	1	*		
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-			Change	Addition
TITLE	DV	☐ DELETE					
NAME	SCHULTZ, REGIS F.		3.2 NAME				
STREET ADDRESS	8908 SHELDON W. DRIVE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL	☐ DELETE	3.4. CITY-			Change	Addition
TITLE	OLEMONS CEDALD D	C DECE LE	4.1 TITLE 4. 2 NAME			,	
NAME	CLEMONS, GERALD D.	•					.
STREET ADDRESS	10210 CLIFF CIRCLE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL	☐ DELETE	4.4 CITY- 5.1 TITLE			Change	Addition
TITLE	DT CHITT CHTARETU	C1 prefit	5.1 IIILE 5.2 NAME	,			
NAME	SCHULTZ, ELIZABETH			ET ADDRESS			}
STREET ADDRESS	8908 SHELDON WEST DRIVE TAMPA FL		5.4 CITY-				
CITY-ST-ZIP TITLE	S S	☐ DELETE	6.1 TITLE		· , , , , , ,	☐ Change	☐ Addition
NAME	LAWSON, CHRISTINA L	<u> </u>	6.2 NAME	:		-	l
I WARRE	: Langueri, Chinichillia L			1			1

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 9009 BAYOU DRIVE TAMPA FL

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90289 007 ***150.00