PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUI	MENT # J20734				
	LEPPINGER CONSTRUCTIO	N, INC.	•		
11211111					
Principal Place	e of Business	Mailing Address		((##(ii# #11# liff) fiff) ff### fiff) ff### fiff) ff### fiff) ff### fiff) ff#### fiff) ff#### fiff) ff####	Bil Billis dibit diffit sone
705 86 ST CF		205-86-ST-CT-NW BRADENTON-FL-34209		DO NOT WRITE IN THE SPA	.ce
11. 60		وروز و مراجع المراجع		DO NOT WRITE IN THIS SPA	<u></u>
7.	少	سود ويهون سووسيوسيده		06/24/1986	1
5 Sub-time S	face of Business	2a. Mailing Address	_ ~ 	1)4. FEI Number	Applied For
2. Principal Pi	in the second	2010-5 86-	STOTA	59-2681619	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			8.75 Additiona
22		27 7		5, Certificate of Status Desired	Fee Required
City. & State	9 /	28 20 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	N FIA		5.00 May Be Added to Fees
Zip	Country 25	21R 4209 30	Country S A	8. This corporation owes the current year Intangi: Personal Property Tax.	
24]	9. Name and Address of Current			10. Name and Address of New Registered Age	ıt
			81 Name		.
KLEPPINGER, KEITH 105 86 5T CT IN			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BRA	DENTON FL 34209		83		
	D LAC	THE MA	84 City	88	Zip Code
		347.09		FL	
	to the provisions of Sections but Joba- egistered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Florida ons of, Section 607.0505, Florida	orized by the corporati a Statutes.	poration submits this statement for the purpose of char- on's board of directors. I hereby accept the appointme	nt as registered
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 12
12.	OFFICERS AND		13.		Change Addition
TITLE	P	☐ DELETE	1,1 TITLE	L L	RECTORS IN 12 Change Addition
NAME	KLEPPINGER, KEITH	,	1.2 NAME 1.3 STREET ADDRESS		1 8
STREET ADVINESS	,		1.4 CITY-ST-2IP		}
CITY-ST-ZI ²	BRADENTON FL	· ELETE	2.1 TITLE	[]	Change
TITLE NAME	S KLEPPINGER, JACKIE	. /	2.2 NAME		Ì
STREET ADDRESS			2,3 STREET ADDRESS	و المعالجية مؤسدية و ال	· · · · · ·
CITY-ST-ZE'	BRADENTON FL		2.4 CITY-ST-ZP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	ļ		32 NAME		ļ
STREET ADIRESS		•	3,3 STREET ADDRESS		
CTTY-ST-ZIF			3.4. CITY-ST-ZIP		Change Addition
TILE		☐ DELETE	4.1 TITLE	u	Change Addition
NAME	1		4,2 NAME		
STREET ADERESS	ì		4.3 STREET ADDRESS		\
CITY-ST-ZIF		□ nci ete	4.4 CITY- ST-ZIP		Change Addition
TITLE	l	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME	1		5.3 STREET ADDRESS		
STREET ADCRESS			5.4 CITY-ST-ZIP		(
CITY-ST-ZF		☐ DELETE	6.1 TITLE		Change Addition
TITLE		<u> </u>	5.2 NAME		!
NAME STREET ADDRESS	1		6.3 STREET ADDRESS	•	\
	Í		6.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>			Soution 110 07/3/(i) Florida Statutes further certify th	and the information

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.

SIGNAÇIRE AND TYPEO OR PONTED NAME OF SIGNIES OF CER OR DIRECTOR

SIGNATURE: >

941-720 0893

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90080 033 ***150.00

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