

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

DOCUMENT # J20909

1. Corporation Name

D. A. CONSTRUCTION, INC.

Principal Place of Business

3804 SOUTH ORLANDO DR  
SANFORD FL 32773  
US

Mailing Address

3804 SOUTH ORLANDO DRIVE  
SANFORD FL 32773

2. Principal Place of Business

2a. Mailing Address

21 546 S Shell Road  
Suite, Apt. #, etc.

26 546 S Shell Road  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 DeBary, Florida

28 DeBary, Florida

24 Zip 32713 25 Country US

29 Zip 32713 30 Country US

9. Name and Address of Current Registered Agent

ALLEN, WILLIAM D.  
188 SIESTA DRIVE  
DEBARY FL 32713

81 Name

Allen, William D. (Same)

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

140 Fort Florida Road

83

84 City

DeBary

85 Zip Code FL 32713

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 effecting change)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE [ ] DELETE

NAME ALLEN, WILLIAM D.

STREET ADDRESS 188 SIESTA DR.

CITY-ST-ZIP DEBARY FL 32713

12 TITLE [ ] DELETE

NAME REYNOLDS, DONALD R

STREET ADDRESS 789 SKINBONE RIDGE RD.

CITY-ST-ZIP GADSDEN AL

13 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

17 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

18 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

19 TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

*William D. Allen*

William D. Allen

4-19-99

407-668-8020

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