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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # J24603**

	CONSTRUCTION OF S.W. FL	ORIDA, INC.				
Principal Place	of Business	Mailing Address			INTO NIMOS MENSOS PA	ELL BLACK LO
1458 WOODWIN FORT MYERS F US	ID CT.	1852-F 40TH TERRACE S.W. NAPLES FL 34116 US		DO NOT WRITE IN THIS	SPACE	ر مرابع - حد - التواقع المرابع
				3. Date Incorporated or Qualifed 07/17/1986		
2. Principal Pl	ace of Business Graduind 4:	2a. Mailing Address 26 /057-F-40+hi	TERRACE SW	4. FEI Number 59-2789560	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	<i>11</i>	City & State 28 / April FLA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	11
Zip	Country	^{Zip} 34//4 30	Country	8. This corporation owes the current year Int		□No \
24 50/0	<u> </u>		Collier	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Addicas of New Registeries		
CTDID NATHONY D						
1458 WOODWIND CT.			82 Street Addre	ss (P.O. Box Number is Not Acceptable)		-
	T MYERS FL 33909		83			
1011	I WILLIO LE COOCO		65			
			84 City	FL	85 Zip C	
office or re	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purpose of	changing its	registered
agent. I ar	n familiar with, and accept the obligati	st Florida. Such change was autho	orized by the corporation	's board of directors. I hereby accept the appoi	nunent as reg	istered
agent. I ar	m familiar with, and accept the obligati	of Florida. Such change was authorions of, Section 607.0505, Florida	orized by the corporation statutes.	TS board of directors. Phereby accept the appoint	nument as reg	listered
agent. I ar SIGNATURE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was authorions of, Section 607.0505, Florida and title if applicable. (NOTE: Reg	orized by the corporation Statutes.	when reinstating) DATE		
agent. I ar SIGNATURE 12.	m familiar with, and accept the obligate Signature, byed or printed name of registered agent OFFICERS AND	of Florida. Such change was authorions of, Section 607.0505, Florida and title if applicable. (NOTE: Reg D DIRECTORS	orized by the corporation statutes.	TS board of directors. Phereby accept the appoint		
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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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



DELETE

☐ Change

☐ Addition

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90152 039 ***150.00