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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90061 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48332

1. Corporation Name

OPUS SOUTH CONSTRUCTION CORPORATION

Principal Place of Business

**% C T CORPORATION SYSTEM
5401 CORP.WOODS DR..#100
PENSACOLA FL 32504**

Mailing Address

**% C T CORPORATION SYSTEM
5401 CORP.WOODS DR..#100
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2803749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81. Name

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

83.

84. City

FL

85. Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **GREENFIELD, BARRY W**
STREET ADDRESS **4200 W. CYPRESS, STE 444**
CITY-ST-ZIP **TAMPA FL**

PSD ☐ DELETE

NAME **RAUENHORST, NEIL J.**
STREET ADDRESS **4200 W. CYPRESS, STE 444**
CITY-ST-ZIP **TAMPA FL**

AS ☐ DELETE

NAME **KASER, MARY**
STREET ADDRESS **5401 CORP WOODS DR 100**
CITY-ST-ZIP **PENSACOLA FL**

C ☒ DELETE

NAME **CONNOR, GEORGE X**
STREET ADDRESS **9900 BREN ROAD EAST**
CITY-ST-ZIP **MINNEAPOLIS MN**

D ☒ DELETE

NAME **PERKINS, ROBERT**
STREET ADDRESS **9900 BREN ROAD EAST**
CITY-ST-ZIP **MINNETONKA MN**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/T/S /D** ☒ Change ☐ Addition

1.2 NAME **GREENFIELD, BARRY W.**
1.3 STREET ADDRESS **4200 W. CYPRESS ST., #444**
1.4 CITY-ST-ZIP **TAMPA, FL 33607**

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME **RAUENHORST, NEIL J.**
2.3 STREET ADDRESS **4200 W. CYPRESS ST., #444**
2.4 CITY-ST-ZIP **TAMPA, FL 33607**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **DUSEK, JOSEPH D.**
3.3 STREET ADDRESS **11675 GREAT OAKS WAY, #144**
3.4 CITY-ST-ZIP **ALPHARETTA, GA 30202**

4.1 TITLE **AS** ☐ Change ☒ Addition

4.2 NAME **BOZESKY, MARGARET A.**
4.3 STREET ADDRESS **10350 BREN ROAD WEST**
4.4 CITY-ST-ZIP **MINNETONKA, MN 55343**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99
Date

(813) 877-4444
Daytime Phone #

CR2E034 (1/1/98)

0567486