FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90212 045 ***150.00

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

1. Corporation	MENT # Name ALA CONSTRU									
Principal Place	of Business		Mailing Add	ress			ו נספוו נפוופ ופום פונופטו ו	ם ונסום נונו פבפון וסבו	1911 91911 11911 1111	811 81911 10B1
			5758 TAYLOR							
5758 TAYLOR R NAPLES FL 3411		NAPLES FL 3								
US			บร					WRITE IN THIS	SPACE	
						3	 Date Incorporated or Qua 01/02/1987 	ılifed		
2. Principal Pla	ace of Business		2a. Mailing A	Address		4	FEI Number		Арр	fied For
21			26				<u>59-2750322</u>			Applicable
Suite, Apt.	#, etc.		Suite, Ap	ot. #, etc.			5. Certifcate of Status Desire	ed 🔲	\$8.75 A	
22			27						- Fee Req	
City & State)		City & S	tate		\ e	6. Election Campaign Finan	cing	\$5.00 N	
23			28				Trust Fund Contribution		Added to	Fees
Zip	C ₁	ountry	Zip	r 	Country	8	3. This corporation owes the	current year Int		
24	25		29	30)]		Personal Property Tax.	lave Danistanad		□No
<u> </u>	9. Name and A	ddress of Current	Registered Age	ent	81 Name		0. Name and Address of N	lew Registered	Agent	
MITC	HELL SR TIMO	THY C			T	'imoth	y C. Mitchell,	Sr.		
MITCHELL SR., TIMOTHY C. 1100 5910 TAYLOR ROAD 82 Street Address 758						Address (P.O. Box Number is Not Acay 10° Road	ceptable) ·		
#103					83	750 1	aylor Noad	···- <u>·</u>		
	, LES FL 34109				63					
, MAIL	LO 1 L 04 103				84 City N	aples		FL	85 Zip C	AG
				EL : 1 0 1 1 1	17	apres	a submite this statement for		-	
l office or re	adistered agent or	both, in the State of accept the	t Florida. Such C	change was auth 607.0505, Florida	a Statutes.	oradoris	on submits this statement for board of directors. I hereby	accept tile appoi	and none as reg	Jacoba
SIGNATURE	- South	d name of registered agent	and title of applicable	Tamot	thy C. Mit	CDE11	<u>, Sr., Presider</u> n reinstating)	DA ^{TE}	0 1 /25/9	2
12.	Storature, typed or parte	OFFICERS AND		(14072.110	13.		ADDITIONS/CHANGES TO		ID DIRECTOR	RS IN 12
TITLE	PSTD			☐ DELETE	1.1 TITLE	PSTI			X Change	Addition
NAME	MITCHELL, TIM	IOTHY C SR			1.2 NAME		chell, Sr., '	Timothy	С.	
STREET ADDRESS	1195 MAIN ST			i	1.3 STREET ADDRESS	816	3 Lagoon Rôa	q	٠.	
CITY-ST-ZIP	FT. MYERS BE				1.4 CITY-ST-ZIP	For	t Myaray Raaci	h Fi 3/	4100	
TITLE	11. MITERO DE	MOTITE		☐ DELETE	2.1 TITLE	FUL	t Myers⊻Beac	.,	Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP					2. 4 CITY-ST-ZIP				•	
TITLE				☐ DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET ADDRESS					ĺ
CITY-ST-ZIP					3.4. CITY-ST-ZIP	1				l
TITLE				☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME					4 2 NAME					
STREET ADDRESS					4.3 STREET ADDRESS					
CITY-ST-ZIP					4.4 CITY-ST-ZIP					
TITLE				☐ DELETE	5.1 TITLE				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS				1	5.3 STREET ADDRESS	:]				
CITY-ST-ZIP					5.4 CITY-ST-ZIP					
TITLE				☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME					62 NAME					
STREET ADDRESS				ļ	6.3 STREET ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Timothỹ C. Mitchell, Sr., President 01/25/99 941-598-1968