FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

C. H.

UIVIEIN ation Name	1 # J53395	(0)
GITTNER	CONSTRUCTION, INC.	

FILED Jan 27 1997 8:00am Secretary of State



Principal Place of Business Maining Address					1 John Co Gran Angle niche bille bres ein bibit Grati eren billin Albin siebt rest		
411 DUNLAWTO PT ORANGE FI		411 DUNLAWTON AVENUE PT ORANGE FL 32127-4453	ı				
					3. Date incorporated or Qualified 01/23/1987	3a. Date of Last Report 03/25/1996	
	Page of Business	2a. Mailing Address			4. FEI Number	Applied For	
1		26			59-2765960	Not Applicable	
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.	-,		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be		
3	Country	Z(t)	Counti		Trust Fund Contribution	Added to Fees	
Zφ 4]	25	29	30	У	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,	
*1	9. Name and Address of Curre		30		10. Name and Address of New Re		
GITT	INER, CHARLES JR.		8	Name		<u> </u>	
	DUNLAWTON AVE.		8:	Street Add	dress (P.O. Box Number is Not Acceptate		
PT. ORANGE FL 32119			6	Sheet Add	tress (F.O. Box Number is Not Acceptat	лој	
, .			8:	3			
			8	City		85 Zip Code	
			"	Oity		FL FL FL FL FL FL FL FL	
12.		DELETE	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12 Change	
					ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	PD Gittner, Charles Jr.	- DECEME	1.1 TITLE 1.2 NAME			Criaige Rubilion	
STREET ADDRESS	AAA BURU AMPAN AM			T ADDRESS			
Crty - ST - ZIP	PORT ORANGE FL		1.4 CITY	i			
THILE	STD	☐ DELETE	2.1 TITLE			Change Addition	
NAME	GITTNER, CRAIG H.		2.2 NAME				
STREET ADOPESS	1		2.3 STREE	T ADDRESS			
CHTY - SI - ZVP	PONCE INLET FL	Donere	2 4 CITY		:	C Channe	
111_F	D CHEDYL I	L_] DELETE	3 1 TITLE			Change Additio	
NAME	GITTNER, CHERYL L. 10 MARSH LANDING CT.		32 NAMI				
STREET ADDRESS	PONCE INLET FL			T ADDRESS			
CITY - \$1 - 76° Title	FONCE MILET PL	☐ DELETE	3.4. CITY 4.1 TITLE			Change Additio	
NAME			4 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Additio	
NAME			5.2 NAMI				
SUREET ADDRESS			5.3 STRE	T ADDRESS			
CHY-ST-ZIP			5.4 CITY	ST-ZIP			
TIME		☐ DELETE	61 TITLE			Change Additio	
NAME			6.2 NAM				
STREET ADERESS			63 STRE	ET ADDRESS			
CITY - S* - ZIP			6.4 CITY	ST-ZIP			

14. To perceby 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 peport 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or e-rector of the corporation appears in Block 12 or Block 13/1 changer th an address.

SIGNATURE: