PROFIT *CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J53395

1. Corporation Name

C. H. GI	ITNER CONSTRUCTION, IN	C.				
Principal Place		Mailing Address				
411 DUNLAWTON AVENUE 411 DUNLAWTON AVENUE PT ORANGE FL 32119 PT ORANGE FL 32119			·	DO NOT WRITE IN THIS SPACE		
			4	3. Date Incorporated or Qualifed	<u>.</u>	
		•		01/23/1987		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		59-2765960	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. 5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	Лау Ве
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		-
24	25	: Table	30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
CITT	NED CHADLES ID		81 Name			
GITTNER, CHARLES JR. 411 DUNLAWTON AVE.			82 Street	Address (P.O. Box Number is Not Acceptable)	,	
PT. ORANGE FL 32119			83		TRANSFER TO A TOWN LIFE	
F1. C	DRANGE PL 32119		83		机复势体的	
			84 City		85 Zip Co	ode
2 2 2 22 22 22					of changing its r	ogietorod
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was autions of, Section 607.0505, Flor	es, the above-named outhorized by the corporation idea Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the statement for the purpose or the statement for the statem	pointment as regi	istered
SIGNATURE	•		·		·.	
	Signature, typed or printed name of registered agent		Registered Agent signature re	****	AND DIRECTOR	20 IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD CHARLES ID		1.2 NAME			_
NAME	GITTNER, CHARLES JR.					
STREET ADDRESS			1.3 STREET ADDRESS	•		
CITY-ST-ZIP	PORT ORANGE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
TITLE	STD CDAIC H	- DECE-10	2.2 NAME		-	-
NAME	GITTNER, CRAIG H.		2.3 STREET ADDRESS			
STREET ADDRESS	10MARSH LANDING CT. PONCE INLET FL		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE		Change	Addition
NAME	GITTNER, CHERYL L.	—	3.2 NAME	,		
STREET ADDRESS	10 MARSH LANDING CT.		3.3 STREET ADDRESS	S	7	
	PONCE INLET FL		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	1 OHOL MELT 1 L	☐ DELETE	4.1 TITLE	Vil	. ☐ Change	Addition
NAME .			4.2 NAME	,		
STREET ADDRESS		*	4.3 STREET ADDRESS	<i>'</i>		
CITY-ST-ZIP	[`` . ´	• •	4.4 City-St-ZiP	·		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME	. , `		
STREET ADDRESS		•	5.3 STREET ADDRESS		•	
CITY-ST-ZIP	Section 1		5.4 CITY-ST-ZIP	•		
TITLE	Land to the state of the state	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		_	6.2 NAME	l .		

CITY-ST-ZIP, 14. I hereby certify that the information supplied with this filing the sond 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 changes or ran latacyment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90032 030 ***150.00

CR2E034 (11/98)