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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J53745 1. Corporation Name

HALVORSEN CONSTRUCTION, INC.

| Principal P ace   | e of Business  | Mailing Address   |  |  |  |   |                        |                         |                                     |
|---|--|---|--|--|--|---|------------------------|-------------------------|-------------------------------------|
| 6940 11TH AVE   |  | 6940 11TH AVE. NORTH  |  |  |  |   |                        |                         |                                     |
| ST. PETERSBURG FL 33710   |  | ST. PETERSBURG FL 33710   |  |  |  |   |                        | _                       |                                     |
| 0   |  | 0   |  |  |  | DO NOT WRITE IN TH  | IS SPACE               | =                       |                                     |
|   |  |   |  |  |  | 3. Date Incorporated or Qualifed 01/27/1987   |                        |                         |                                     |
| 2. Principal P  | lace of Business   | 2a. Mailing Address   |  |  |  | 4. FEI Number   |                        | +                       | lied For                            |
| 21  |  | 26  |  |  |  | 59-2803967  |                        |                         | Applicable                          |
| Suite, # pt.  | #, etc.  | Suite, Apt. #, etc.   |  |  |  | 5. Certifcate of Status Desired   |                        | <b>/ 5</b> A:<br>ee Re: | dditional<br>juired                 |
| City & State  | e  | City & State  |  |  |  | 6. Election Campaign Financing  | \$5                    | 00                      | May Be                              |
| 23  |  | 28  |  |  |  | Trust Fund Contribution   |                        | ded to                  |                                     |
| Zip   | Country  | Zip   | Coun   | itry   |  | 8. This corporation owes the current year   | Intangible             |                         |                                     |
| 24  | 25   | 29  | 30   | _  | _  | Perso al Property Tax.  | ☐ Yes                  | s                       | □No                                 |
|   | 9. Name and Address of Curren  | nt Registered Agent   |  |  |  | 10. Name and Address of New Register  | d Agent                |                         |                                     |
|   |  |   | ļ  | 81   | Name   |   |                        |                         |                                     |
| HALVORSEN, CORINNE C<br>6940 11TH AVE. NO.  |  |   |  | 82   | Street A do  | ddress (P.O. Box Number is Not Acceptable)  |                        |                         |                                     |
|   | PETERSBURG FL 33710  |   | -  | 83   | <del></del>  |   |                        | —                       |                                     |
|   |  |   |  |  | 0.1  |   | Toel                   | Zip C                   | ode                                 |
|   |  |   |  | 84   | City   | F:  | L  85                  | ZIP C                   | ooe                                 |
| 11 Pursuant   | to the provisions of Sections 607.050  | 2 and 607,1508, Florida Stat  | tes, the ab  | <u> </u>   | named cor  | poration submits this statement for the purpose   | of changi              | ng its i                | registered                          |
| office or r   | egistered agent, or both, in the State<br>m familiar with, and εccept the obliga   | of Florida, Such change was<br>acions of, Section 607,0505, Fl  | authorized<br>orida Statut   | by th<br>tes.  | ie corporat  | regration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose tion's board of directors. | of changi<br>pointment | ng its<br>as reg        | registered<br>istered               |
| office or r<br>agent 1 a<br>SIGNATURE   | egistered agent, or both, in the State<br>in familiar with, and a ccept the obligations. Signature, typed or printed in ame of registered age  | of Florida, Such change was a ions of, Section 607.0505, Florida and title if applicable.  (NO)                         | authorized<br>orida Statul<br>E: Registered A  | by th<br>tes.  | ie corporat  | red when reinstating)  DATE   | ooinuneni<br>          | as reg                  | Istered                             |
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| office or r<br>agent 1 a<br>SIGNATURE   | egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed in time of registered age  OFFICERS AN  | of Florida, Such change was a ions of, Section 607.0505, Floridand title of applicable.  ND DIRECTORS                   | authorized orida Statul  E: Registered A   | by thes.   | ie corporat  | red when reinstating)  DATE   | AND DIRE               | as reg                  | RS IN 12                            |
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14. There by 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 he 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