

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90096 041 \*\*\*150.00

0067679

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # J53934**

1. Corporation Name  
**A.T. & F. CONSTRUCTION, INC.**

Principal Place of Business  
**9500 SHORT LEAF CT.  
 APOPKA FL 32703**

Mailing Address  
**9500 SHORT LEAF CT.  
 APOPKA FL 32703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**01/28/1987**

4. FEI Number  
**59-2776940**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May, Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAUTSCH, ALAN J.  
 4750 MALIC CRES  
 APOPKA FL 32810**

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  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE DP  
 NAME **TRAUTSCH, ALFRED**  
 STREET ADDRESS **9500 SHORT LEAF CT.**  
 CITY-ST-ZIP **APOPKA FL**

1.1 TITLE **T**  
 1.2 NAME **TRAUTSCH, MATTHEW**  
 1.3 STREET ADDRESS **9500 Shortleaf Ct.**  
 1.4 CITY-ST-ZIP **Apopka FL 32703**

TITLE VT  DELETE  
 NAME **TRAUTSCH, ALAN, J**  
 STREET ADDRESS **4570 MALIK CRESENT**  
 CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **S**  
 2.2 NAME **TRAUTSCH, PATRICIA**  
 2.3 STREET ADDRESS **9500 Shortleaf Ct.**  
 2.4 CITY-ST-ZIP **Apopka FL 32703**

TITLE S  DELETE  
 NAME **TRANTSCH, DAVID**  
 STREET ADDRESS **9500 SHORLEAF CT**  
 CITY-ST-ZIP **APOPKA FL 32703**

3.1 TITLE ~~T~~  
 3.2 NAME ~~TRAUTSCH, PAMELA~~  
 3.3 STREET ADDRESS ~~9500 Shortleaf~~  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE **T**  
 4.2 NAME **TRAUTSCH, PAMELA**  
 4.3 STREET ADDRESS **4570 Malik Crescent**  
 4.4 CITY-ST-ZIP **Orlando FL 32810**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 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)(l), 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:

*Alfred Trautsch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 407-290-9627

Date

Daytime Phone #

CR2E034 (1/98)