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**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name



J54347

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90021 049 \*\*\*150.00

GULF-EA	ASTERN CONSTRUCTION, IN	NC.						
Data at and Disco-	of Dusiness	Mailing Address	**			_		
Principal Place		ŭ	^					
301C ENTERPRISE STREET OCOEE FL 34761		301 C ENTERPRISE STREET OCOEE FL 34761						
US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		1
		Los Allinos Address				01/26/1987 4. FEI Number		Applied For
— · · · · · · · · ·	ace of Business	2a. Mailing Address	5				<u> </u>	Not Applicable
21 Suita Ant	# 010	26   Suite, Apt. #, et			<del>-</del>	59-2756680	\$8.7	5 Additional
Suite, Apt.	#, etc. •	27				5. Certifcate of Status Desired		Required
City & State	e	City & State				6. Election Campaign Financing	\$5.	00 May Be
23		28			•	Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
GODIN, ROBERT				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
	NATCHEZ TRACE BLVD.							
UHL	ANDO FL 32818			83				
				84	City		85	Zip Code
				1		Fl	<u> </u>	
	*****							
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the a	above-r	named corpo	oration submits this statement for the purpose on spoard of directors. I hereby accept the appoint	f changing intment a	g its registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligation	2 and 607.1508, Florida of Florida. Such change ions of, Section 607.050	15, Florida Sta	itutes.	, ·	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changin intment a	g its registered is registered
agent. 1 ai	m familiar with and accept the obligati	ions of Section 607.050	D G	olov A	v - '	4-2-99	f changin intment a	g its registered is registered
agent. 1 ai	m familiar with and accept the obligation	and title if applicable.	(NOTE: Registered	ODV A	v - '			
agent. 1 al SIGNATURE 12.	m familiar with and accept the obligeting in the control of the co	and title if applicable.	(NOTE: Registered	ODV A	v - '	4-2-59 d when reinstating) DATE		CTORS IN 12
agent. 1 all SIGNATURE  12.	Signature, typed or printed name of registered agent  OFFICERS AND  PST	and title if applicable.	(NOTE: Registered	OR Agents	v - '	4-2-59 d when reinstating) DATE	ND DIRE	CTORS IN 12
agent. 1 al SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PST GODIN, ROBERT	and title if applicable.	(NOTE: Registere: 13. TE 1.1 T	OR Agent s	y	4-2-59 d when reinstating) DATE	ND DIRE	CTORS IN 12
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AGENTURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PST GODIN, ROBERT 1541 NATCHEZ TRACE BLVD. ORLANDO FL	and title if applicable.  D DIRECTORS	(NOTE: Registere 13.1 T. 1.2 N 1.3 S 1.4 C ETE 2.1 T	TITLE NAME STREET A	pignature required	4-2-59 d when reinstating) DATE	ND DIRE ☐ Chai	CTORS IN 12 nge
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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.

**SIGNATURE:** 

2*90*.2723