FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90114 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J62432

ARISTA CONSTRUCTION COMPANY INC.

Principal Place	e or business	Maining Address						
C/O WALTER SICIAK 3727-A THOMASVILLE RD		C/O WALTER SICIAK 3727-A THOMASVILLE RD						
TALLAHASSEE		TALLAHASSEE FL 32308		DO	DO NOT WRITE IN THIS SPACE			
THE THE TOTAL TE SECOND		THERE HOUSE I'E VEVO		3. Date Incorporated	3. Date Incorporated or Qualifed			
					03/09/1987			
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	* - ***	1.0	Applied For
		26		59-2774632		├ ─ ┼	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		39 2114032			Additional	
—				5. Certifcate of Status	s Desired 🔲		Required	
City & State		27 City & State		0 F)				
		\vdash		6. Election Campaign Trust Fund Contrib	- 11		May Be to Fees	
Zip Country		Zip Country			····		1 to Fees	
Zip	25		_ `	,	8. This corporation of Personal Property	•	Trangible ☐ Yes	™ o
24	9. Name and Address of Currer		0		10. Name and Addres			
	5. Name and Address of Curren	it Kegistered Agent	81	Name		ss of New Registerer	- rigoni	
SICIA	AK, WALTER				<u> </u>			
3727-A THOMASVILLE RD			82	Stree	Address (P.O. Box Number is	Not Acceptable)		•
TALL	LAHASSEE FL 32308		83	3		•	·- <u>-</u>	
			84	City		· . FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statutes of Florida, Such change was aut	horized by	/e-name	oration's board of directors. I h	ment for the purpose the appointment for the appointment in the appoin	ointment as	registered registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	S.				
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Floric	la Statute:	S.		DATE		
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Floric int and title if applicable (NOTE: R	la Statute	S.	required when reinstating)	DATE	ND DIRECT	OPS IN 12
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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)(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.