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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90230 003 ***150.00

					
i. Corporation					
EHIL GG	ONSTRUCTION, INC.		<u> </u>	THE RESIDENCE OF THE PARTY AND A STATE OF THE	1 88)) (188) (188) (188) (188) (188) (188) (188)
Principal Place	e of Business	Mailing Address			i Püri Biliri eleti didir albir pietr albir inek
9018 SHOAL CREEK DRIVE 9018 SHOAL CREEK DRIVE					
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312			DO NOT WRITE	E IN THIS SPACE	
US		00		3. Date incorporated or Qualifed	
				04/13/1987	
2. Principal P	lace of Business	2a. Mailing Address	+ 1	4, FEI Number	Applied For
11 400	 	26 4000 Duc Suite, Apt. #, etc.	tchees C	* NOT APPLICABLE	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	e /	City & State	7	6. Election Campaign Financing	\$5.00 May Be
a = a	el Fl	28 Tall 13	W	Trust Fund Contribution	Added to Fees
Zip 22.0	Country	Zip	Country	8. This corporation owes the curre	
323		29 32308 31	0 45	Personal Property Tax. 10. Name and Address of New Re	
	9. Name and Address of Current	Registered Agent	81 Name	10. Haine and Address of New IX	gistared Agent
ERTL, THOMAS H					1-2
3073 O'BRIEN DR.			82 Street A	Address (P.O. Box Number is Not Acceptab	ne)
TALLAHASSEE FL 32308			83		
			84 City		85 Zip Code
					F <u>L</u>
office or r	egistered agent, or both, in the State o	if Florida. Such change was auth	horized by the corbo	corporation submits this statement for the paration's board of directors. I hereby accept	the appointment as registered (
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title of applicable /AIOTE: B	egistered Agent signature re	Sourced when reinstation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PSTD	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	ERTL, THOMAS H		1.2 NAME	Erel Thomas H 4000 Durchard Co.	(;
STREET ADDRESS			1.3 STREET ADDRESS	4000 Dell's based of	- 1 - 1 2 2 2 2
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	- Total Par Chief Co.	Jall 1-1 32308
TITLE		☐ DELETE	2.1 TITLE		Change CJ Addison
NAME			2.2 NAME		(
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		j
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS	mur	Antonia entre sonie
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		☐ Change - ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Collaride - Chariton
NAME STREET ANDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		

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 appowered.

6.4 CITY-ST-ZIP

SIGNATURE: