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

DOCUMENT # J69098

SERETTA CONSTRUCTION, INC.

Principal Place of Business Mailing Address
2604 CLARK STREET 2604 CLARK STREET
APOPKA FL 32703 APOPKA FL 32703

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90057 032 ***158.75



DO NOT WRITE IN THIS SPACE

		US					
US					3. Date Incorporated or Qualifed 04/20/1987		
2. Principal P	lace of Business .	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26					59-2806467	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional		
22	27	<u></u>		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added t	o Fees
Zip	CountryZip		Country		8. This corporation owes the current year Intar		_
24	25 29		30		Personal Property Tax. Yes ☐ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			•
MCPHERSON, RICHARD J. 2604 CLARK STREET				2 Street Add	fress (P.O. Box Number is Not Acceptable)		
				- Strott Add	Section 1 to the section of the sect		
APO	PKA FL 32703	•	83	3		1.	
			-	4 City		85 Zip (Code
			84	4 City	FL	[65] Zip (,,,,,
11 Pureuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes.	the abov	ve-named con	poration submits this statement for the purpose of c	hanging its	registered
	ediatored agent or both in the State Of	Honda Such change was auc	ionzea bi	v tne corborati	ion's board of directors. I hereby accept the appoint	lment as re	gistered
.: agent. La	m familiar with, and accept the obligation	ons or, Secuon 607.0505, Mond	a Sidiule	a.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Age	ent signature require	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	STD	☐ DELETE	1.1 TITLE		1 / 1/48x	Change	☐ Addition
NAME	MCPHERSON, MONSE D.	,	1.2 NAME	:			
STREET ADDRESS	629 E. CLUB CIRCLE		1.3 STREET ADDRESS				
-	LONGWOOD FL 32779		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	VPD DELETE		2.1 TITLE			Change	Addition
	MCPHERSON, ANDREW S.		2.2 NAME				}
NAME	AND LUCTE OFF ORDER			ET ADDRESS			
STREET ADDRESS		•		1			
CITY-ST-ZIP	LONGWOOD FL 32779	☐ DELETE	2.4 CITY- 3.1 TITLE			Change	Addition
TITLE (1)	PD					_ ,	_
NAME	MCPHERSON, RICHARD J.		3.2 NAME				
STREET ADDRESS	629 E. CLUB CIRCLE			ET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779	□ DELETE	3.4. CITY-			☐ Change	☐ Addition
TRLE		☐ DELETE	4.1 TITLE	1	7		ا العديد ا
NAME		•	4. 2 NAM				
STREET ADDRESS	7.	•		ET ADDRESS			.
CITY-ST-ZIP	-		4.4 CITY-			Change	. Addition
TITLE		DELETE	5.1 TITLE		•		
NAME			5.2 NAME				
STREET ADDRESS	3			ET ADDRESS .			ļ
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			į
CITY OF 710			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)(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

IGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

i) 11/99

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