

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69814 (8)
1. Corporation Name
GLOBAL CONSTRUCTION, INC.

FILED
AUG 16 PM 1:05
STATE
FLORIDA



Principal Place of Business: 1476 L & R INDUSTRIAL BLVD, P.O. BOX 3645 HOLIDAY FLORIDA 34689, TARPON SPGS. FL 34689
Mailing Address: 1476 L & R INDUSTRIAL BLVD, P.O. BOX 3645 HOLIDAY FLORIDA 34689, TARPON SPGS. FL 34689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2797922	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLIMIS, DEMETRIOS 1313 BELCHER DRIVE TARPON SPRINGS FL 34689				10. Name and Address of New Registered Agent	
B1	Name		B5	Zip Code	
B2	Street Address (P.O. Box Number is Not Acceptable)				
B3					
B4	City		FL		

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KLIMIS, DEMETRIOS 1313 BELCHER DRIVE TARPON SPRINGS FL	1.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ZAGORIANOS, SAKELLARIOS 925 RIVERSIDE DRIVE TARPON SPRINGS FL	2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KALIKANTZAROS, GEORGE N. 3136 PINON DR HOLIDAY FL	3.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600002967666--9
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/24/99--01010--017
TITLE		4.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Sandra B. Mortham
Date: 7/6/99
Daytime Phone #: 938-6991

CR2E034 (10/97)



GLOBAL CONSTRUCTION, INC.

Bridges • Dams • Towers
Equal Employment Opportunity Employer

July 6, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that we never received our 1999 Profit Corporation Annual Report. Upon discovering this, I contacted your office and was given instructions on the steps that needed to be taken to resolve this situation. Please find enclosed our report and a check in the amount of \$150.00.

If you have any questions regarding this matter please feel free to contact me at 727-938-6991, ext. 101.

Sincerely,

Christy Mehas
Christy Mehas