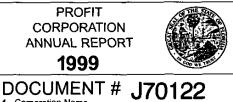
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90026 049 ***150.00

MCINTO	ISH CONSTRUCTION COM	PANY, INC.					
Principal Place of Business Mailing Address 2555 RIDGEWAY DRIVE 2555 RIDGEWAY DRIVE KISSIMMEE FL 34746 KISSIMMEE FL 34746 US 2. Principal Place of Business 2a. Mailing Address							
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		-	-Cour				
						1 * 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0	
					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
						04/29/1987	
	lace of Business	<u> </u>	ss 🛫		e* =	4. FEI Number Applied For	
21		26 Suite, Apt. #, e	~-	: .		59-2816375 Not Applicable \$8.75 Additional	
Suite, Apt.	#, etc.	—	BIC.			5. Certifcate of Status Desired Fee Required	
City & Stat	Э	City & State	City & State			6 Flection Compaign Financing \$5.00 May Re	
23	-	28				Trust Fund Contribution Added to Fees	
Zip Country Zip			Cou	ıntry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
SWA	ART, HARRY J., CPA			81	Name		
	717 EAST OAK ST.			82	Street Address (P.O. Box Number is Not Acceptable)		
	SIMMEE FL 34744			83			
11100	Minimize LE 017 11			03			
				84	City	FL 85 Zip Code	
44 Diseasement	to the provisions of Soctions 507.05	02 and 607 1509 Florid	a Statutes the s	hove	a-named come	poration submits this statement for the purpose of changing its registered	
Affina ar r	registered agent or both in the State	of Florida, Such chang	a wac alithonizal	กทา	the comoratio	on's board of directors. I hereby accept the appointment as registered	
}	m familiar with, and accept the obligi	ations or, Section 607.00	ous, Fiorida Stat	wes.	•		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	d Agen	t signature required	d when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DEI	LETE 1.1 TI	TLE	-	Change Additio	
NAME	MCINTOSH, THOMAS J.		1.2 N	AME			
STREET ADDRESS	2555 RIDGEWAY DR.		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746			TY-S1	T-ZIP	Change Additio	
TITLE	ļ	☐ DE				Change Addition	
NAME			2.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		□ DE		CITY-S	1-ZIP	☐ Change ☐ Addition	
Į.			3.2 N				
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	}			CITY-S	İ		
TITLE		☐ DE		-	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Additio	
NAME			4.21	IAME	ļ		
STREET ADDRESS			4.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			4.4 C	ITY-SI	r-zip		
TITLE		□ DE	LETE 5.1 T	ITLE		Change Additio	
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP				TY-S1	T-ZIP		
TITLE		□ DE				☐ Change ☐ Addition	
NAME	1		6.2 N				
STREET ADDRESS			6.3 S	TREET	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 changes, or on an attachment with an address, with all other like empowered.