## 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 # J70832

1. Corporation Name

SLIGAR SPRING BUILDING CONTRACTORS, INC.

·	of the poleonia continue		•						
Principal Place of Business Mailing Address									
% LEO WALTER 12331 OAK BRO ET MYERS FL 3	GARCZYNSKI POK CT	12331 OAK BRO	% LEO WALTER GARCZYNSKI 12331 OAK BROOK CT FT MYERS FL 33908			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						04/30/1987 4. FEI Number	Δη	plied For	
2. Principal Pla	ace of Business		2a. Mailing Address			59-2803393	<u> </u>	t Applicable	
21		Suite, Apt. #, etc.					\$8.75 /		
Suite, Apt. #	#, etc.	ь .	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re		
22} City & State		City & Stat	City & State			6. Election Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees			
23		28		Country	<del></del>	This corporation owes the current year			
Zip	Country	Zip	30	Country		Personal Property Tax.	Yes	□No	
24]	9. Name and Address of Current	29 Pagistered Agen			-	10. Name and Address of New Registere	d Agent		
· · ·	9. Name and Address of Current	registered right		81	Name		-	1	
GARCZYNSKI, LEO WALTER				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
12331 OAK BROOK OT				83		1000 电影 1000 1000 1000 1000 1000 1000 10	* * * * * * * * * * * * * * * * * * *	制制制	
FT MYERS FL 33908				63		(1) (1) (1) (1) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
				84	City	FL 85 Zip Code			
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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND		(10)2.1103.	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	n		DELETE	1.1 TITLE			Change	☐ Addition	
NAME	GARCZYNSKI, LEO WALTER	•	ľ	1.2 NAME				.	
STREET ADDRESS	12331 OAK BROOK CT			1.3 STREET	ADDRESS	•		Ţ,	
CITY-ST-ZIP	FT MYERS FL			1.4 CITY-S	r-zip				
TITLE	D		DELETE	2.1 TITLE		<del></del> ·	Change	☐ Addition	
NAME	GARCZYNSKI, CAROLE JOAN			2.2 NAME				j	
STREET ADDRESS	12331 OAK BROOK CT			2.3 STREET	ADDRESS	•			
CITY-ST-ZIP	FT MYERS FL 19 19 19 19 19 19 19 19 19 19 19 19 19			2. 4 CITY-5	T-ZIP		Change	Addition	
TITLE	en in earlier in Section of the Section		DELETE	3.1 TITLE	,		☐ Change	☐ Addition	
NAME	Not this to the second of the	0000 F		3.2 NAME					
STREET ADDRESS	presidente de la compania. La compania de la compania	-	1	3.3 STREE	TADORESS	人名马拉特 网络尼西		對聯盟	
CrTY-ST-ZiP	STELLING F CONTROL			3.4. CITY-5	T-ZIP		Change	Addition	
TITLE		L.	] DELETE	4.1 TITLE		E POR CONTRACTOR AND			
NAME	The state of the s			4. 2 NAME		• • • • • • • • • • • • • • • • • • • •		*	
STREET ADDRESS	(REPO)				T ADORESS 1				
CITY-ST-ZIP	13. See	·	l ocusto	4.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	]	_	DELETE	5.1 TITLE		•			

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 of the receiver or postee 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 fin an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

SIGNATURE:

1000: Out 6800 a 13

FI BIFNS B

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

**FILED** 

Jan 30, 1999 8:00am

**Secretary of State** 

01-30-1999 90004 041 \*\*\*150.00