**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J74495**1. Corporation Name

**VOSMERA CONSTRUCTION INC.** 

Principal Place of Business Mailing Address 9509 SWEETGUM LANE 9509 SWEETGUM LANE							
NAVARRE FL 32566 NAVARRE FL 32566					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 05/26/1987	-	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2813578		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	¥	5 Additional Required
22		27					
Çity & Stat	re	City & State			6. Election Campaign Financing  Trust Fund Contribution	,	00 May Be led to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		~
24	25	29 30	<b>)</b>		Personal Property Tax.	∐ Yes	<b>X</b> 40
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
VOC	MEDA CEODOS P		81	Name			
vosmera, george B. 9509 Sweetgum Lane				Street Add	ress (P.O. Box Number is Not Acceptable)		
NAVARRE FL 32566			-				
1454	ATTILL I E SESOO		83				
			84	City		85 Z	Zip Code
					FL poration submits this statement for the purpose of		
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ago	ations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of More: Re	a Statutes egistered Agen	•	on's board of directors. I hereby accept the appo		
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Chan	nge
NAME	VOSMERA, GEORGE B.		1.2 NAME	İ			ļ
STREET ADDRESS	9509 SWEETGUM LANE		1.3 STREET				
CITY-ST-ZIP	NAVARRE FL		1.4 CITY+S	T-ZIP		Chan	nge 🔲 Addition
TITLE	D	☐ DELETE	2.1 TITLE			Chan	.ge [_] Addition
NAME	VOSMERA, LOIS	•	2.2 NAME				
STREET ADDRESS	9509 SWEETGUM LANE		2.3 STREET				
CITY-ST-ZIP	NAVARRE FL		2, 4 CITY-S	ST-ZIP		Chan	nge [ ] Addition
TITLE		☐ DELETE	3.1 TITLE			[] Cilari	de 🗆 vaguou
NAME			3 2 NAME	r 1000500			ļ
STREET ADDRESS			3.3 STREET 3.4. CITY-S	!			•
CITY-ST-ZIP				51-214		Chan	nge Addition
TITLE NAME			4.1 TITLE 4.2 NAME				
			4.3 STREET	TADORESS			
STREET ADDRESS	}		4.4 CITY-S				
CITY-ST-ZIP			5.1 TITLE			☐ Chan	nge Addition
NAME	1		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	nge

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAMÉ

STREET ADDRESS

april 30,1999

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90048 014 \*\*\*150.00

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