PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J78889

CONTRACTORS BUSINESS SERVICE OF MANATEE COUNTY. INC.

Principal Place	e of Business	Mailing Address			i ifffilit åtil innsi inner inner inter ner anner		. #1811 91811 1881		
383 6TH AVE W	% VIRGINIA A. DORRIS								
BRADENTON FL 34205-8820		383 6TH AVENUE WEST BRADENTON FL 34205-8820			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed				
					06/16/1987				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For		
21		26			59-2804019	_ N	lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	5. Certificate of Status Desired		Additional Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intar		_		
24	25	29 30)		· creation i i pring	Yes	□No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	jent			
200	DIA LEDANIA A			Name					
	ris, virginia a. 6th avenue west		82 Street Addr		Address (P.O. Box Number is Not Acceptable)	ress (P.O. Box Number is Not Acceptable)			
	DENTON FL 34205			B3					
			-	04 Cib.		85 Zip	Code		
				B4 City	FL_				
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	onzed	by the corpo	corporation submits this statement for the purpose of cleoration's board of directors. I hereby accept the appoint	ianging it ment as r	s registered egistered		
agent. 1 a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statu	es.					
SIGNATURE	Signature, typed or printed name of registered ager	t and title if contingable (NOTE: Pa	nistered (gent signature (required when reinstating) DATE				
12.		D DIRECTORS	13.	gent signature i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE	P	☐ DELETE	1.1 TITL	£		Change			
NAME	DORRIS, VIRGINIA A.	_	1.2 NA						
				EET ADDRESS					
STREET ADDRESS				_	34205				
CITY-ST-ZIP	DRADENIUN FL	DELETE	2.1 TITE	(-ST (ŹIP)	34200	Change	Addition		
TITLE		(Deterie					_		
NAME			2.2 NA		•				
~ STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP		Change	e		
TITLE		☐ DELETE	3.1 TITI	.E		Change	, Madagani		
* NAME			3.2 NA	Æ			l		
STREET ADDRESS			3.3 STF	EET ADDRESS	3				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITI	.E		Change	e		
NAME			4. 2 NA	ME					
STREET ADDRESS			4 3 STF	EET ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TITI			☐ Change	Addition		
NAME			5.2 NA	ΛE					
STREET ADDRESS			5.3 STF	REET ADDRESS					
			5,4 CIT	Y-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT			☐ Change	e ☐ Addition		
HILE	1						_		

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

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90005 016 ***158.75