**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90116 005 \*\*\*150.00

## 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

DOCUN 1. Corporation	MENT # <b>J88980</b>				
,	CONSTRUCTION, INC.				
Principal Place of Business Mailing Address					1501)10 BEET LOUDT 10150 10165 10112 BOTH BEET BIGHT BIGH
1602 S FLORIDA AVE 1602 S. FLORIDA					
SUITE 3A STE 3A LAKELAND FL 33823 LAKELAND FL 33803					DO NOT WRITE IN THIS SPACE
LAKELAND FL 33823 LAKELAND FL 33803 US US				3. Date Incorporated or Qualifed	
1		••			08/18/1987
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26			59-2846352 Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired
22 SUITE 2 27 SUITE 2					
City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country	1	This corporation owes the current year Intangible
24	25	29 30	آ آه		Personal Property Tax. XYes ☐ No
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
MEN	OFFI OLIABIES D		81	Name	
KEYSER, CHARLES R.				Street	Address (P.O. Box Number is Not Acceptable)
2017 SHORELAND DRIVE AUBURNDALE FL 33823					
AUBURINDALE PL 33823			83		
ļ			84	City	FL 85 Zip Code
44 5		2 and 607 4509 Florido Statutos	the above	o named	corporation submits this statement for the purpose of changing its registered
office or r	agistared agent or both in the State	of Florida, Such change was auth	norized by	the corno	oration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Ager	nt signature r	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE		☐ Change ☐ Addition
NAME	The Total of the Total of the		1.2 NAME		•
STREET ADDRESS	TABLESS POTT STORMS IN STA		1.3 STREET	TADDRESS	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	Change Addition
TITLE	VSDT	☐ OELETE	2.1 TITLE		
NAME	KEYSER, TERRYL B. 2017 SHORELAND DR				
STREET ADDRESS	ALIDHDADALE EL COCCO			TADDRESS	
CITY-ST-ZIP	AUDURINDALE PE 33023		2. 4 CITY-5 3.1 TITLE	51-212	☐ Change ☐ Addition
NAME		El occió	3.2 NAME		
STREET ADDRESS			1	TADDRESS	
CITY-ST-ZIP			3.4. CITY-5		
TITLE		☐ DELETE	4.1 TITLE		. Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE			51TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	T ADDDCCC	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY+S 6.1 TITLE	11-411	Change Addition
TITLE		L) VELETE	6.2 NAME		
NAME CORRECT ADDRESS				T ADDRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS