PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J95651

OLD FIELDS CONSTRUCTION AND DESIGN, INC.						LABELLA BILL HALL BANK AND BANK BANK HALL BANK BANK HALL BANK BANK BANK BANK BANK BANK BANK BANK	
B4 4 1 BC			tailing Address				
Principal Place of Business Mailing Address							
% JEFFERY ROBIN COOK % JEFFERY ROBIN COOK 6407 JOE COTTON TRAIL 6407 JOE COTTON TRAIL							·
6407 JOE COTTON TRAIL 6407 JOE COTTON TRAIL TALLAHASSEE FL 32308 TALLAHASSEE FL 32308						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
							10/06/1987
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21 26							59-2875864 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				1-99-кединеа
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
Zip	Country	\vdash	Zip r	Country			8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29		30			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Kegi	sterea Agent	-	81	Name	To. Hame and Address of New Registered Agent
COOK, JEFFERY ROBIN						Hamo	
6407 JOE COTTON TRAIL					82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32308				}	83		
(ALLAHASSEE FE S2300				1	"		
				Ī	84	City	FL 85 Zip Code
007 000 - 1007 000 First Plants the above							
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 registred 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I a	m familiar with, and accept the obliga	tions of	f, Section 607.0505, Flori	ida Statu	tes.	•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req					ot cionature require	t when reinstation) DATE	
12.	OFFICERS AN			13.	-you	n signatore require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT		DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	COOK, JEFFERY R.			1.2 NAME			
STREET ADDRESS	6407 JOE COTTON TRAIL			1.3 STREE		FADDRESS	·
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-S			
TITLE	VS		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME .	COOK, APRIL N			2.2 NAME			_ 0 // ·.
STREET ADDRESS	6407 JOE COHEN		-			TADORESS = 2	407 Jos Cotton Trail
CITY-ST-ZIP	TALLAHASSEE FL			2. 4 CITY-			
TITLE	INCLMINOULL I L	-	☐ DELETE	3.1 717			☐ Change ☐ Addition
NAME	,			3.2 NA			
STREET ADDRESS				3.3 STREE		TADDRESS	•
CITY-ST-ZIP				3.4. CI			
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	(_	4, 2 NAME			·
						TADDRESS)
STREET ADDRESS				4.3 ST			}
CITY-ST-ZIP			☐ DELETE	5.1 TIT		1-211-	☐ Change ☐ Addition
1				5.2 NA			
NAME STREET ADDRESS						T ADDRESS	
STREET RUDRESS					.4 CITY-ST-ZIP		
CITY-ST-ZIP	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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

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STREET ADDRESS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90192 030 ***150.00

Addition

Change