FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K07090 1. Corporation Name

NISH CONSTRUCTION, INC.

	Morrisonion, mo-									
Principal Place of Business Mailing Address					~ ''	PRIZEN AN BAKN I BAN ZANA	(8131 681) 81811 81	4(8() 8:41) 8:	E((2151) 104)	
1725 W LAKE MARY BLVD 1725 W LAKE MARY BLVD										
LAKE MARY FL 32746 US LAKE MARY FL 32746 US						DO NOT WRITE IN THIS SPACE				
US		00			3. Date I	ncorporated or Qualife	d			
					12/19	5/1987				
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI N			Apr	olied For	
21		26			59-28	360831		Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certifo	ate of Status Desired		\$8.75 A		
22		27						Fee Red	<u> </u>	
City & State	e	City & State				n Campaign Financin	g- [j -	\$5.00		
23		28				und Contribution		Added to	rees	
Zip	Country	Zip	Country		I	orporation owes the cunal Property Tax.	irrent year int		□No	
24	25	29 30	'L.,_ _			and Address of New	Registered			
	9. Name and Address of Current	Registered Agent	81	Name						
PATE	EL, RASHMIKANT		L		careu r	<u>lashmikant</u>				
436 N. SUNDANCE DR.			82	Street Ac	idress (P.O. Bo	x Number is Not Acce	ptable)		}	
LAKE MARY FL 32746			83	1725	w.lk	Mary BLV	D .			
			84					85 Zip C	Code	
				Lie m	IARY		FL		146.	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was authons of, Section 607.0505, Florida	onzea ov	the corpora	orporation submation's board of	directors, rifereby acc	epi ille appoi	imileim as ieg	gistered	
SIGNATURE		esidad -	sistered Aper	t aignoture rea	uired when reinstating		, 1 · 9 9 .		}	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it aignatoro rade		ONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	PATEL, RASMIKANT C.		1.2 NAME							
STREET ADDRESS	1725 W LAKE MARY BLVD		1.3 STREET	TADORESS						
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-S						_]	
TITLE			2.1 TITLE					Change	Addition	
NAME			2.2 NAME			•				
STREET ADDRESS	ATOM WELL AND MARRY DILLED		2.3 STREE	TADDRESS)					ļ	
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY-S		1				. <u> </u>	
TITLE			3.1 TITLE			•		Change	Addition	
NAME	Nimesh Patel.		32 NAME	-]	
STREET ADDRESS	1725 W. W. MARY BLUT	,	3.3 STREE	T ADDRESS					[
CITY-ST-ZIP	LE MARY, FL. 32746		3.4. CITY-5	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition]	
NAME		i	4. 2 NAME						\	
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					_ <u>_</u>	
TITLE		☐ DELETE	5.1 TITLE				-	☐ Change	☐ Addition	
NAME			5.2 NAME	j						
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY- S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME	1		6.2 NAME	i					ļ	
	i		63 STREE	TADDRESS					i	

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.

SIGNATURE:

3.1.99.

40.323-1457

6.4 CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90027 019 ***150.00