Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90162 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10736

1. Corporation Name

TONY PINARD CONSTRUCTION, INC.

Principal Place of Business Mailing Address											
502 N. NOEL CT. 502 N. NOEL CT.											
CHULUOTA FL 32766 CHULUOTA FL 32766							DO NOT WRITE IN THIS SPACE				
	<u>.</u>	.	<u>.</u>				Date Incorporated or-Qualifed				
2. Principal Pl	lace of Business	2a. Mailing Address					FEI Number		Ap	plied For	
21		26				. 5	59-288 1367		No	t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				6.0	Certifcate of Status Desired		\$8.75		
		27				J. (Fee Re	equired	
City & State	e 3.4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City & State					Election Campaign Financing		\$5.00		
23	্ৰাৰ হ'ব পা <u>ৰ ভিন্ন হোৱাৰ (৮ জিন</u>	28				-	Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_	ıntry		1 '	This corporation owes the curr	ent year Int	angible □ Yes	□No	
24	25	29	30	_			Personal Property Tax. Name and Address of New F	lagistared			
	9. Name and Address of Curren	t Registered Agent		81	Name	10.	Name and Address of New P	egistereu	Agent		
DINA	IRD, TONY			"	IVAILLE						ļ
	N NOEL CT			82	Street Addre	ess (P.	 O. Box Number is Not Accepta 	ible)			
	LUOTA FL 32766			83					-	_	
01101	E001A 1 E 02700			63				•			
				84	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					and a support of a support of the atatament for				changing its	registered	
· office or n	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	autnorize	וז עם ם	ne corporatio	n's boa	ard of directors. I hereby accep	t the appoi	ntment as re	gistered	
SIGNATURE	Clare based as printed name of registered ages	nt and title if applicable (NOT				d when rei	instatino)	DATE			١,
	Signature, typed or printed name of registered ager	<u> </u>	E: Registere		signature required				ID DIRECTO	ORS IN 12	1
12.	OFFICERS AN	nt and title if applicable. (NOT		d Agent :			instating) DDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12	
12. ТПLE	OFFICERS AN	ID DIRECTORS	E: Registere	d Agent :					,		
12. TITLE NAME	OFFICERS AN PDS PINARD, TONY	ID DIRECTORS	E: Registered 13. 1.1 T 1.2 N	d Agent : ITLE AME					,		
12. TITLE NAME STREET ADDRESS	PDS PINARD, TONY 502 N NOEL CT	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S	d Agent : ITLE AME TREET A	signature required				,		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PDS PINARD, TONY	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S	d Agent	signature required				,		
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6.3 STREET ADDRESS

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 frue 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 repeiver or tustee 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 or an atlachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STANATUEE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR