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

DOCUMENT # K13137

OLDE TYME CONCEDUCTION INC

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90035 012 ***150.00

OLDE TY	YME CONSTRUCTION, INC.									1					
Principal Place	e of Business	Ma	iling Address					FIUNIE			IDI BIBII 61	NG NIMIL MIL		#### I	
661 NW SUNSET DRIVE P.O. BOX 2782															
STUART FL 34994			STUART FL 34995					DO NOT WRITE IN THIS SPACE							
•								3. Date Incorp			in mis	SPACE			ı
								01/27/19		anicu				ļ	
2 Dringing D	Hoop of Business	2a.	Mailing Addres					4. FEI Numbe					Annlie	d For	
2. Principal Place of Business			⊢ •					65-0024						pplicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.									\$8.7			
22)		- 27 -						5. Certifcate	of Status Desi	red L		Fee			
City & State			City & State					6. Election Ca	ampaign Fina	ncing _	·	\$5.0	0 ма	v Be	1
23		28	\vdash						Contribution		J	-	d to F	•	
Zip Country			Zip Country					8. This corpor	ration owes th	e current	year Inta	angible			
24	25	29		30					roperty Tax.			Yes		No	
	9. Name and Address of Current	t Regist	ered Agent					10. Name and	Address of	New Regi	istered /	Agent			
8.053.0	ED DOCEDI				81	Name									
	ER, ROBERT				82	Street	Addres	ss (P.O. Box Nu	mber is Not A	cceptable)				
	NW SUNSET DRIVE														
510/	ART FL 34994				83	}									
					84	City			_			85 Zi	p Cod	e	
						'			_		<u>FL</u>				
ii. Fuisuani	to the provisions of Sections 607.0502 registered agent, or both, in the State of	a aliu uu	O . ab abana	a cialulco, in	c above	o mannoa	00. po.	attori basinito tri		57	F		regist	1	
agent. I a	im familiar with, and accept the obligati	ions of,	Section 607.05	ous, Florida S	tatutes				tors. I nereby			itment as	regisi	erea	
agent. I a SIGNATURE	m familiar with, and accept the obligati	t and title if	applicable.	(NOTE: Regist	ered Ager			when reinstating)			DATE				(80
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	t and title if	applicable.	(NOTE: Regist	ered Ager			when reinstating)	/CHANGES T		DATE	D DIREC	TORS	IN 12	11/00)
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if	applicable.	(NOTE: Regist	ered Ager 13. 1 TiTLE			when reinstating)			DATE		TORS		4 (44/09)
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT	t and title if	applicable.	(NOTE: Regist	ered Ager 13. 1 TITLE 2 NAME	nt signature n		when reinstating)			DATE	D DIREC	TORS	IN 12	(034 (44)09)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE	t and title if	applicable.	(NOTE: Regist	ered Ager 13. 1 TITLE 2 NAME 3 STREET	nt signature n		when reinstating)			DATE	D DIREC	TORS	IN 12	005034 (44/08)
agent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994	t and title if	applicable. CTORS	(NOTE: Regist	ered Ager 13. 1 TITLE 2 NAME 3 STREET	nt signature n		when reinstating)			DATE	D DIREC	TORS e [IN 12	CD2E034 (44,08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S	t and title if	applicable.	(NOTE: Regist LETE 1. 1. LETE 2.	ered Ager 13. 1 TiTLE 2 NAME 3 STREET 4 CITY-S'	nt signature n		when reinstating)			DATE	D DIREC	TORS e [IN 12	CD2E034 (44)08)
agent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. LETE 1. LETE 2. 2.	ered Ager 13. 1 TiTLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	nt signature n T ADDRESS		when reinstating)			DATE	D DIREC	TORS e [IN 12	CD2E034 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865.SW MAGNOLIA BLUFF DR	t and title if	applicable. CTORS DEL	(NOTE: Regist 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	nt signature ri		when reinstating)			DATE	D DIREC	TORS e [IN 12 Addition	CD2E034 (11/08)
agent. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT - 865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. LETE 1. LETE 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	ered Ager 13. 1 TiTLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	nt signature ri		when reinstating)			DATE	D DIREC	TORS e [IN 12 Addition	CD2E034 (41,09)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865.SW MAGNOLIA BLUFF DR	t and title if	applicable. CTORS DEI	(NOTE: Regist 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	nt signature ri		when reinstating)			DATE	D DIREC	TORS e [IN 12 Addition Addition	CD2E034 (44/08)
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT - 865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEI	(NOTE: Regist 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 TITLE 2 NAME	nt signature ri		when reinstating)			DATE	D DIREC	TORS e [IN 12 Addition Addition	(CD2E034 (44(08)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT - 865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEI	(NOTE: Regist / 1	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 TITLE 2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS		when reinstating)			DATE	D DIREC	TORS e [IN 12 Addition Addition	CD2E034 (44/08)
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS DEI	(NOTE: Regist 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS		when reinstating)			DATE	D DIREC	TORS e	IN 12 Addition Addition	CDOE024 (44)08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS Det	(NOTE: Regist / 1	13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang	TORS e	Addition Addition	(44,09)
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS Det	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang	TORS e	Addition Addition	CD2E034 (11/08)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS Det	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE	nt signature of ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		when reinstating)			DATE	D DIREC Chang	TORS e	Addition Addition	CD2E034 (44/08)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS Det	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET	nt signature of ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		when reinstating)			DATE	D DIREC Chang	TORS	Addition Addition	(44,00)
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY EL 04990	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 2 NAME 3 STREET	nt signature of ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		when reinstating)			DATE	D DIREC Chang Chang	TORS	IN 12 Addition Addition Addition Addition	CD2E034 (44/08)
AGENTURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865.SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME	nt signature of ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		when reinstating)			DATE	D DIREC Chang Chang	TORS	IN 12 Addition Addition Addition Addition	(44,08)
AGENT. I a SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865.SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang Chang	TORS	IN 12 Addition Addition Addition Addition	(80) (11) (11) (8)
AGENT. I a SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEL	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang Chang	TORS e	IN 12 Addition Addition Addition Addition	(11/08)
AGENT. I a SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEI DEI	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1	ered Ager 13. 1 Title 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang Chang Chang	TORS e	IN 12 Addition Addition Addition Addition Addition	(41/08)
AGENT. I a SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P MEYER, ROBERT 661 NW SUNSET DRIVE STUART FL 34994 S BALL, SCOTT -865-SW MAGNOLIA BLUFF DR PALM-CITY FL 04990	t and title if	applicable. CTORS DEI DEI	(NOTE: Regist (N	ered Ager 13. 13. 14. 15. 15. 16. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		when reinstating)			DATE	D DIREC Chang Chang Chang	TORS e	IN 12 Addition Addition Addition Addition Addition	(44/08)

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 change for an antachment with an address, with all other the provided 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 chapter 607, Florida Statutes.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 561 692