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 # K31932

1. Corporation Name

COLUMBIA CONSTRUCTION, INC.

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Principal Place of Business		Mailing Address		(() () () () () () () () () (
JEANNIE ROAD		JEANNIE ROAD		
P O BOX 248		P O BOX 248		DO NOT WRITE IN THIS SPACE
WHITE SPRINGS FL 32096		WHITE SPRINGS FL 32096		3. Date Incorporated or Qualifed
				08/26/1988
2 Princinal D	Place of Business	2a. Mailing Address		4, FEI Number Applied For
2. FIIICIPALE	idos di Buarileda	26 P.O. Box 1238		59-2908456
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	- x - x	\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be
Lake City, FL		Lake City, FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip (Country	8. This corporation owes the current year Intangible
3205	5 25 USA	29 32056-1238 30	USA	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
JERRELL, STEPHEN M.			82 Street	Address (P.O. Box Number is Not Acceptable)
EAST JEANNIE COUNTY RD				
P O BOX 248			83	
WHI	TE SPRINGS FL 32096		84 City	. 85 Zip Code
	ř			FL [
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, th	e above-named	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was authori	ized by the corp	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		-4-		
JONATURE	Stgnature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regist	tered Agent signature i	required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE 1	I.1 TITLE	D Change Addition
NAME	JERRELL, STEPHEN M.	1	I.2 NAME	Jerrell, Stephen M.
STREET ADDRESS		1	I.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL		I.4 CITY-ST-ZIP	Lake City, FL 32056-1238
TITLE		☐ DELETE 2	2.1 ππLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS	;	2	2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE 3	3.1 TITLE	☐ Change ☐ Addition
NAME		3	3.2 NAME	
STREET ADDRESS	·	3	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE 4	1.1 TITLE	☐ Change ☐ Addition
NAME:		14	1. 2 NAME	
STREET ADDRESS	'	4	1.3 STREET ADDRESS	1
CITY-ST-ZIP		4	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE 5	5.1 TITLE	Change Addition
NĄME	}	5	5.2 NAME	
STREET ADDRESS	s.	5	5.3 STREET ADDRESS	
CITY-ST-ZIP		5	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE 6	6.1 TITLE	Change Addition
NAME ?	245 / Fig.	ε	5.2 NAME	
	l			
STREET ADDRESS		6	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 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

SIGNATURE:

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90079 027 ***150.00