

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State
 07-08-1999 90032 015 ***550.00

U108013

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K41023**
 Corporation Name
GEORGITON CONSTRUCTION, INC.



Principal Place of Business: 465 FERNANDINA ST. FT. PIERCE FL 34949
 Mailing Address: P.O. BOX 3230 FT. PIERCE FL 34948 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
465 FERNANDINA ST. FT. PIERCE FL 34949 US		P.O. BOX 3230 FT. PIERCE FL 34948 US		10/25/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0081206	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEORGITON, DANIEL P.O. BOX 3230 465 FERNANDINA ST. FT. PIERCE FL 34948				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

1. 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 registered 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 registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE <input type="checkbox"/>	D GEORGITON, DANIEL G. 465 FERNANDINA ST. FORT PIERCE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		1.2 NAME	
DELETE <input type="checkbox"/>		1.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		4.2 NAME	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Daniel G. Georiton* DATE: 6/30/99 (561) 466-5489

CR2E034 (5/99)