

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90036 050 ***150.00

DOCUMENT # K69934

1. Corporation Name

PERMENTER CONSTRUCTION COMPANY, INC.

Principal Place of Business

117 PARADISE IS. DR.
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

117 PARADISE ISLAND DR.
RT 5 BOX 120-C
DEFUNIAK SPRINGS FL 32433
US

2. Principal Place of Business

21 43 Laird Rd.

Suite, Apt. #, etc.

22 City & State
Crestview FL

23 Zip Country
32539 US

2a. Mailing Address

26 43 Laird Rd.

Suite, Apt. #, etc.

27 City & State
Crestview, FL

28 Zip Country
32539 US

3. Date Incorporated or Qualified

02/15/1989

4. FEI Number

59-2938856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

9. Name and Address of Current Registered Agent

PERMENTER, WILLIAM D.
117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City Crestview

FL

85 Zip Code
32539

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PERMENTER, WILLIAM D.
STREET ADDRESS 117 PARADISE ISLAND SPRINGS
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

TITLE D
NAME PERMENTER, ELIZABETH ANN
STREET ADDRESS 117 PARADISE ISLAND DR
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Elizabeth A. Permenter 1/6/99 (850) 892-2103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)