**FILED** 

Mar 04, 1999 8:00 am Secretary of State

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## 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 # **K93150**

1. Corporation Name

CITY-ST-ZIP

GEROLD KRAUSE CONSTRUCTION, INC.

Principal Place of Business Mailing Address							
RT. 4. BOX 1208 RT. 4. BOX 120			11 STATE ROAD 4A 4. BOX 1208 TLE TORCH KEY FL 33	OX 1208			DO NOT WRITE IN THIS SPACE
US US							3. Date Incorporated or Qualifed
			_	_			06/05/1989
2. Principal P	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					65-0130116   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip				Coun	itry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☐ Yes ☑No
Name and Address of Current Registered Agent					04		10. Name and Address of New Registered Agent
L/DAI	ICE CEDOLO WILLIAM ID				81	Name	•
KRAUSE, GEROLD WILLIAM, JR. 1361 STATE ROAD 4A				ļ	82 Street Address (P.O. Box Number is Not Acceptable)		
SUMMERLAND KEY FL 33042				-	83		
00111	WELLE !! !! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !						
					84	City	FL 85 Zip Code
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				. D i		t - ' t dros	ed when reinstaling) DATE
40	Signature, typed or printed name of registered age OFFICERS At			13.	•gen	it signature required	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	0 0 1 10 2 10 2 10	10 OIKL	☐ DELETE	1.1 TITL	F	$\overline{}$	Change Addition
NAME	KRAUSE, GEROLD W., JR.			1.2 NAM			
STREET ADDRESS	1361 STATE ROAD 4A					TADDRESS	
i	LITTLE TORCH KEY FL			1.4 CIT			
CITY-ST-ZIP TITLE	LITTLE TORON NET TE		☐ DELETE	2.1 TITE		1-211	☐ Change ☐ Addition
			<u> </u>	2.2 NA			_ · _
NAME						r ADDDECĆ	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			☐ DELETE	2. 4 CřT 3.1 TITL		51-ZIP	Change Addition
TITLE	l			3.2 NAM			
NAME				L			
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP				3.4. CIT		ST-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 TITU			Origings
NAME				4. 2 NA			
STREET ADDRESS				4.3 STF	REET	ADDRESS	
CITY-ST-ZIP				4.4 CIT		T-ZIP	
TITLE			☐ DELETE	5.1 TITI			☐ Change ☐ Addition
NAME				5.2 NAI			•
STREET ADDRESS				1		TADDRESS	
CITY-ST-ZIP				5,4 CIT		T-ZIP	-
TITLE			☐ DEFELE	6.1 TITE			☐ Change ☐ Addition
NAME				62 NAM	Æ		
STREET ADDRESS				6.3 STP	REET	T ADDRESS	·
CITY-ST-ZIP				6.4 CIT	Y-S1	T-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.