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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94200

1. Corporation Name

JAMES J. MATHEWS CONSTRUCTION, INC.

Principal Place of Business Mailing Address								, , , , , , , , , , , , , , , , , , , ,	** = 1 = 1 : = 1		
% JAMES J. MATHEWS % JAMES J. MATHEWS											
6825 CANAL RD. MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32904				22004	904			DO NOT WRITE II	N THIS	SPACE	
MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32					304			Date Incorporated or Qualifed	1,1110	OI AQL	
							"	06/09/1989			
2. Principal Place of Business . 2a. Mailing Address								FEI Number			Applied For
21 26			3				İ	59-2956372		h	Not Applicable
			uite, Apt. #, etc.	etc.					1	\$8.75	Additional
27							ا ع.	Certifcate of Status Desired		Fee F	Required
City & State City & State			·			6.	Election Campaign Financing		\$5.0	0 May Be	
23		28					1	Trust Fund Contribution		Added	d to Fees
Zip	Country	z	ip	Count	ry		8.	This corporation owes the current y	ear Inta		₩
24	25	29		30			Ш.	Personal Property Tax.		Yes	No
	9. Name and Address of Curre	nt Register	red Agent	8	41	NI	10.	Name and Address of New Regis	stered A	\gent	
MAT	HEWS INNES I			o	"	Name					
MATHEWS, JAMES J., 6825 CANAL RD.			8	82 Street Addre			P.O. Box Number is Not Acceptable)				
MELBOURNE VILLAGE FL 32904			-	1							
MIEL	BOORINE VILLAGE PL 32904			8	3						
				8	4	City				85 Zip	o Code
									FL		t- unaintered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607 of Florida.	.1508, Florida Statut Such change was a	es, the abo uthorized b	ve v ti	-named corp the corporati	oration	n submits this statement for the purpoard of directors. I hereby accept the	ose or o appoin	manging i ntment as i	registered`
agent. I a	m familiar with, and accept the oblig	ations of, S	ection 607.0505, Flo	rida Statute	s.			• •			_
SIGNATURE									ATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS					tegistered Agent signature require			ADDITIONS/CHANGES TO OFFICE		D DIRECT	TORS IN 12
TITLE	PTD	NO DINEC	☐ DELETE	1.1 TITLE	:			ADDITIONS/OFFAIGLE TO OFFICE	110 7111	Change	
NAME	MATHEWS, JAMES J.			1.2 NAME						5	_
	6825 CANAL RD.					ADDRESS					
STREET ADDRESS	MELBOURNE VLLGE FL										
CITY+ST-ZIP TITLE				_	1.4 CITY-ST-ZIP 2.1 TITLE					☐ Change	e
	0.0				22 NAME						_
NAME	Mathews, Brenda J. 6825 Canal Rd.			1		ADDRESS					
\$TREET ADDRESS				2.4 CITY							
CITY-ST-ZIP	MELBOURNE VLLGE FL		☐ DELETE	3.1 TITLE		1-ZIP				☐ Change	Addition
i				3.2 NAME		1					_
NAME						ADDRESS					Ì
STREET ADDRESS				3.4. CITY							
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE		1-21				Change	e Addition
NAME				4. 2 NAM							
STREET ADDRESS						ADDRESS					
				4.4 CITY		ĺ					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE						Change	e
NAME				5.2 NAMI						·	ļ
STREET ADDRESS				5.3 STRE	EΤ	ADDRESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			☐ DELETE	6.1 TITLE						Change	e 🔲 Addition
NAME				6.2 NAM	=						
STREET ADDRESS				63 STRE	ΕT	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 of 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 appears, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP