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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12270

1. Corporation Name

DAUGHTREY CONSTRUCTION, INC.										
									1811 (1911 (191 1) (
	-									
Principal Place	e of Business	Ma	iling Address						1877 81877 878-7 1	
6816 SW CR 769 6816 SW CR 769										
ARCADIA FL 33821 A RCADIA FL 33821 U S US						DO NOT WRI	TE IN THIS	SPACE		
03		03					3. Date Incorporated or Qualifed			
							08/28/1989			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					59-2968182		No	t Applicable
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22 27						5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State			توسيون	6. Election Campaign Financing	== <u>-</u> -		May Be	
23 28						Trust Fund Contribution		Added t	o Fees	
Zip	Country Zip		I	Country			8. This corporation owes the current year Intangible			
24 342	66 25	29	<u> </u>	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regist	ered Agent		81	Name	10. Name and Address of New R	egisterea	Agent	
DAU	GHTREY, DIANE				ا"	Name				
6816 SW CR 769				82 Street Add			ss (P.O. Box Number is Not Accepta	ible)		
ARCADIA FL 33821				83						
				}	84	City			85 Zip (Code
							<u>FL</u>	.		
-65	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florid	a Ruch change was an	thorized	hw t	the comoration	ration submits this statement for the n's board of directors. I hereby accep	purpose of it the appoi	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, Flori	da Statu	ies.					}
SIGNATURE	Signature, typed or printed name of registered agent of	and title if	applicable. (NOTE:	Registered /	Agent	t signature required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	☐ DELETE 1.1 TI					Change	Addition
NAME	Daughtrey, Dwight D.		1.2 NA		ME					
STREET ADDRESS	6816 SW CR 769	16 SW CR 769 1.35		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ARCADIA FL			1.4 CITY-ST-ZIP		-ZIP				
TITLE	VSTD		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	DAUGHTREY, DIANE		2.2 NA		2 NAME					
STREET ADDRESS	I		23 57		3 STREET ADDRESS					Ì
CITY-ST-ZIP	ARCADIA FL			2.4 CITY		T-ZIP			·	Addition
TITLE			DELETE						☐ Change	Addison
NAME :	1			3.2 NAME						}
STREET ADDRESS						ADDRESS				1
CITY-ST-ZIP			DELETE	3.4. CII 4.1 TITI	_	T-ZIP		-	☐ Change	Addition
TITLE			D DELETE	4.3 IIII 4.2 NA						
NAME						ADDOCCC				
STREET ADDRESS				4.3 511	I.3 STREET ADDRESS					į
CITY-ST-ZIP				4						
TITLE			□ DELETE	_		-217			[**] Change	Addition
TITLE			DELETE	4.4 CIT 5.1 TITI 5.2 NAI	LE	-Zir			Change	Addition
NAME			DELETE	5.1 TITI 5.2 NAI	LE ME	ADDRESS			Change	Addition
NAME STREET ADDRESS			☐ DELETE	5.1 TITI 5.2 NAI	LE ME REET	ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITI 5.2 NAI 5.3 STF	LE ME REET Y-ST	ADDRESS			Change	Addition
NAME STREET ADDRESS				5.1 TITI 5.2 NAI 5.3 STE 5.4 CIT	LE ME REET Y-ST	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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE: