May 04, 1999 8:00 am Secretary of State

05-04-1999 90095 015 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State \* DIVISION OF CORPORATIONS

## DOCUMENT # 1 13210

1. Corporation	Name							
CHEVALI	ER CONSTRUCTION, INC.							
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Principal Place	of Rusiness	Mailing Address		<del></del>	יונו ופענו עוווון ססטור ועס אנעונטטו ג	ווס וועוט וועס ווו	)))	
•		501 HILLSIDE DRIVE						
501 HILLSIDE DRIVE 501 HILLSIDE DRIVE AUBURNDALE FL 33823 AUBURNDALE FL 33823								
US US					DO NOT WRITE IN THIS SPACE			
	,				3. Date incorporated or Qualifed			İ
					09/01/1989			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For
21		26			59-2968101			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27			4 :	<u></u>	Fee Re	
City & State	9	City & State			6. Election Campaign Financing	Π.	\$5.00	
23		28			Trust Fund Contribution:		Added t	o Fees
Zip	Country	Zip	Country	<b>y</b>	8. This corporation owes the curre	ent year Inta		
24	. )25		30		Personal Property Tax.			□No
1.7	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egisterea A	Agent	
CHE	MALIED DOMITA M		81	Name	-			. [
CHEVALIER, BONITA M.			82	82 Street Address (P.O. Box Number is Not Acceptable)		ble)		
2119 KIRKLAND LAKE DRIVE AUBURNDALE FL 33823								
AUB	UHNUALE PL 33023		83	<b>!</b>   .				-
			84	City			85 Zip (	Code
	•					<u> </u>		
44 5	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statute	s the above	e-named corr	poration submits this statement for the	purpose of	changing its	registered
11. Pursuant	to the provisions of Sections our 5502	of Fig. 14. Combbanes was an	the inad by	the corporati	an's board of directors. I hereby accer	at the annoin		
affina a- ri	opietored agent of both in the State O	nt Florida. Such change was all	itnorizea bi	the comporati	on's board of directors. I hereby accep	ot the appoin	iuneni as re	gistered
office or re agent. I a	to the provisions of Sections of Sections expenses the egistered agent, or both, in the State of m familiar with, and accept the obligation	nt Florida. Such change was all	itnorizea bi	the comporati	on's board of directors. I hereby accer	ж ше арроп	unent as re	gistered
office or re agent. I at SIGNATURE	opietored agent of both in the State O	of Florida. Such change was au ions of, Section 607.0505, Flori	ida Statute Registered Age	y the corporation	off's poard of directors. Friendly acces	DATE	TATION 43 TO	<u>-</u>
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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 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: 2

941-968-0141