## 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 # L14267 1. Corporation Name

INGERSOLL CONSTRUCTION, INC.

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90128 015 \*\*\*150.00



										ARAN <b>ara</b> ni arani i	ALEK QUQU LAAL
Principal Place	e of Business		Mai	iling Address							
% JAMES G. INGERSOLL % JAMES G. INGERSOLL											
11240 N.W. 26TH STREET PLANTATION FL 33323			_	11240 N.W. 26TH STREET PLANTATION FL 33323				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifect			
		_						09/08/1989			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			oplied For
21 12343 NW 19 ST.				26 12343 NW 1957				65-0145561		<del></del>	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional equired
22 City 8 Cty			27	City & State		<u> </u>				<del></del> _	<del></del>
City & State    City & State   F C.				28 PLANTATION FL				6. Election Campaign Financing		\$5.00 Added t	* 1
20 7 45-				Zip Country				8. This corporation owes the cu			101 663
Zip 24				33323		Row	1	Personal Property Tax.	tent year in	langible □ Yes	<b>™</b> No
24 0 33 2 3	9. Name and Add	au.			30  €	new	•	10. Name and Address of New	Registered		
<del></del>	5. Name and Aud	ress of Curren	t Keyist	ereu Agent		81 Na	me	to. Teame and Address of New	rtogisteroo		
INGE	E <mark>rsoll</mark> , James G.										
11240 N.W. 26TH STREET						82 Str	eet Addre	ss (P.O. Box Number is Not Accep	table)		
PLANTATION FL 33323						83					
·								_			
						84 Cit	у		FL	85 Zip (	Code
11 Pursuant	to the provisions of Se	ections 607 050	2 and 60	7.1508, Florida Sta	tutes, the a	ove-nar	ned corpo	ration submits this statement for the	nurnose of	changing its	registered
office or r	egistered agent, or bo m familiar wild, ap ag	th, in the State cept the boliga	of Florida tions of, :	a. Such change was Section 607.0505, F	authorized Florida Stati	by the a Ites.	corporation	n's board of directors. I hereby acce	ept the appoi	ntment as re	gistered
SIGNATURE	dalle	M PR	3. F	AMORTON !	JAMES	56.	TN 6	EUSOLL 1	-20.9	<del>7</del>	
Signature, typed or purified name of registered agent and title if applicable (NOTE: Re						Agent signa	ture required	when reinstating)	DATE	ID DIDEOTC	200140
12.		OFFICERS AN	D DIREC		13.		<del></del>	ADDITIONS/CHANGES TO O	-FICERS AN	Change	Addition
TITLE .	DP			☐ DELETE	1.1 Til		l l	,		Change	☐ Addition }
NAME	INGERSOLL, JAM				1 2 NA		l	243411 19 57			
STREET ADDRESS	11240 NW 26TH	STREET			1.3 ST	REET ADDR	ESS /	2343 N W 19 5T. ANTATION, FL. 33	177		
CITY-ST-ZIP	PLANTATION FL				1.4 Cl	ry-st-zip	PU	TATION, FL. 33	365		Addition
TITLE				☐ DELETE	2.1 TIT	LE	ľ			☐ Change	☐ Addition
NAME					2.2 NA	ME				•	
STREET ADDRESS					2.3 ST	REETADOR	ESS		ه.د∸د تا پ <del>ن</del>		
CITY-ST-ZIP						TY-ST-ZIP					
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NAME					3.2 NA	WE			•		
STREET ADDRESS					3.3 ST	REET ADDR	ESS				
CITY-ST-ZIP				<del>_</del>	3.4. C	TY-ST-ZIP					
TITLE				☐ DELETE	4.1 111	LE	ļ			Change	☐ Addition
NAME					4. 2 N	AME	l	•			Į.
STREET ADDRESS.					4.3 ST	REET ADDR	RESS				ł
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TITLE				☐ DELETE	5.1 TI	JE				☐ Change	☐ Addition
NAME					5.2 NA	ME			•		
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CITY-ST-ZIP					5.4 CI	TY-ST-ZIP		·			
TITLE				☐ DELETE	6.1 TIT	LE				☐ Change	☐ Addition
NAME					6.2 NA	ME	1				ļ
STREET ADDRESS					6.3 \$7	REET ADDR	RESS				1
	i				1	D( 07 7ID	1			•	

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 an application of the corporation of the corpo

SIGNATURE:

SNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 1-20.99

954.474.7264

Daytime Phone #

R2E034 (11/9