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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L22500 1. Corporation Name

INTERTEC INSTALLATION AND SERVICE, INC:

_		OLINIOLI INO								
Principal Place	of Business	. Mailing A	Address				* (\$6.191) 915 11619 NGB1 6111			
C/O JOHN AVERY POST OFFICE BOX 1204		POST OF	C/O JOHN AVERY POST OFFICE BOX 1204 PALMETTO FL 34220			DO NOT WRITE IN THIS SPACE				
PALMETTO FL 3		PALMETT .	U FL 3422U			·	3. Date Incorporated or Qualif			
2. Principal Pl	lace of Business	2a. Maili	ing Address		<u> </u>		4. FEI Number	• •- :-		lied For
21		26			-		59-2969161		\$8.75 Ad	Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired		Fee Req	uired
City & State	e	City	& State				Election Campaign Financi Trust Fund Contribution	ing □	\$5.00 N Added to	
23		28 Zin		Cour	ntrv		8. This corporation owes the	current year Int		
Zip	Country	Zip		30	· •• y		Personal Property Tax.		U Yes L	□No
24	9. Name and Address of C		Agent				10. Name and Address of Ne	w Registered	Agent	,
 	9. Name and Address of C	J. J	<u> </u>		81	Name	· -			1
JOH	IN L AVERY JR 6 15TH WAY		*.		82	Street Add	dress (P.O. Box Number is Not Acc	eptable)		
PALI	METTO FL 34221				83					100 mm
					1 1	City	rporation submits this statement for tion's board of directors. I hereby a	FL	85 Zip C	ļ
⊬್ಟ agent. I'a		-	tion 607:0505, F	Cidle	Hes.		rporation submits this statement for tion's board of directors. I hereby a		•	į
SIGNATURE	Signature, typed or printed name of register	_	cable. (NOT				ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 12
	Signature, typed or printed name of register	ered agent and title if applic	cable. (NOT	TE: Registered	Agent		ired when reinstating) / () () ()	DATE	·	
SIGNATURE	Signature, typed or printed name of register	ered agent and title if applic	cable. (NOT	TE: Registered 13. 1.1 TI 1.2 N	Agent :	signature requir	ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 12
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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. CITY-ST-ZIP

SIGNATURE