## 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 # L32971

Corporation Name

CORR CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address	Mailing Address						
% FRANCIS E.		% FRANCIS E. CORR							
1416 HARTLEY			1416 HARTLEY CIR			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE		
DELTONA FL 32725 DELTONA FL 32725						3. Date Incorporated or Qualifed			
						11/27/1989		}	
2 Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	- A	pplied For	
	ides of Business		26			59-2979419	<b>⊢</b>	ot Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		<b>—</b>	27			5. Certifcate of Status Desired	•	equired	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	-	to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year I	ntangible		
24	25	29	30			Personal Property Tax.	☐Yes	No	
	9. Name and Address of Cur			T		10. Name and Address of New Registere	d Agent		
				81	Name				
CORR, FRANCIS E.				82	Stroot Ad	reet Address (P.O. Box Number is Not Acceptable)			
	B HARTLEY CIR			02	Street Au	Idless (F.O. Box Nulliber is Not Acceptable)		ł	
DEL:	TONA FL 32725			83					
					•				
			•	84	City	F	85 Zip	Code	
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505,	, Florida Sta	itutes.	•	ation's board of directors. I hereby accept the app			
12.		AND DIRECTORS	13		****	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	P	☐ DELETI	1.1	TITLÉ			Change	☐ Addition	
NAME	CORR, FRANCIS E.		1.2	NAME				1	
STREET ADDRESS	1416 HARTLEY CIR		1.3	STREET	ADDRESS				
CITY-ST-ZIP	DELTONA FL		1.44	1.4 CITY-ST-ZIP					
TITLE		☐ DELETE 2.1					☐ Change	☐ Addition	
NAME	ł	· ·		2.2 NAME					
STREET ADDRESS			2.3	STREET	ADDRESS			1	
CITY-ST-ZIP			2.4	CITY-S	T-ZIP		,		
TITLE	<del> </del>	☐ DELETI		TITLE			☐ Change	☐ Addition	
NAME			3.2	NAME	-		•		
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			ļ	
TITLE		☐ DELETI	E 4.1	TITLE			☐ Change	☐ Addition	
NAME			4. 2	NAME					
STREET ADDRESS	* •		4.3	STREET	ADDRESS			1	
CITY-ST-ZIP	Í			CITY-S	1				
TITLE		☐ DELETI		TITLE		<u>-1</u>	Change	☐ Addition	
NAME				NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	1				
TITLE		☐ DELETI		TITLE	+		Change	☐ Addition	
NAME				NAME			•		
STREET ADDRESS			6.3	STREET	ADDRESS				
					,			I	

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EQUIFRANCIS CORR

**99**107-574-2073

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90033 040 \*\*\*150.00