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 # L52841

1. Corporation Name

RIEGER CONSTRUCTION, INC...

•						
Principal Place of Business Mailing Address						(SECTION TO MIND VALUE (18) PROPERTY (18)
P.O. BOX 794 EATON PARK FL 33840-0794		P.O. BOX 794 EATON PARK FL 33840-07	P.O. BOX 794 EATON PARK FL 33840-0794			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 02/22/1990
2. Principal Pl	ace of Business	2a. Mailing Address	la. Mailing Address			4. FEI Number Applied For
21		26	26			59-2995114 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	Cou	Country		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No
24	9. Name and Address of Curre		1901			10. Name and Address of New Registered Agent
, ,.				81	Name	
RIEGER, ANNA E. 5234 THORNHILL ROAD		•		82	Street Add	ress (P.O. Box Number is Not Acceptable)
WINTER HAVEN FL 33880				83		
*****	ICH HAVEN I E GGGGG			63		
		•		84	City	FL 85 Zip Code oration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, FK ent and title if applicable. (NOTE	rida Stat	utes.		on's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TI			
NAME :	RIEGER, SONNY N.		1.2 N/			
STREET ADDRESS	5234 THORNHILL RD.		1.3 STREET ADDRESS			•
C/TY-ST-ZIP	WINTER HAVEN FL	C) DELETE		ITY-81	r-ZIP	☐ Change ☐ Addition
TITLE	VTD			TLE		· · · · · · · · · · · · · · · · · · ·
NAME '	RIEGER, ANNA E.		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	5234 THORNHILL RD. WINTER HAVEN FL		2.3 STREET ADDRESS			
CITY-ST-ZIP ~	WINTER HAVEN IL	DELETE	3.1 TI		(-ZIF	☐ Change ☐ Addition
NAME ,			3.2 N			
STREET ADDRESS	•				ADDRESS	
CITY-ST-ZIP	•			ITY-S		
TITLE		☐ DELETE	4.1 TI			. Change Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 S	TREET	ADORESS	
CITY-ST-ZIP			4.4 C	ΠY+S1	r-ziP	
TITLE .		☐ DELETE				☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP --

☐ DELETE

Change

Addition

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90035 003 ***150.00