Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90154 048 \*\*\*150.00

## 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 # L76592**

1. Corporation Name

GAUDET CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address							
420 CLEMATIS ST WEST PALM BEACH FL 33401		420 CLEMATIS ST WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 05/29/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr lied For	
1		26				65-0193929		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	5. Certificate of Status Desired Securificate Securificate Fee Required.		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
City & State	~ ~	28				Trust Fund Contribution		ed to Fees	
Zip	Cour try	Zip	Country			8. This curporation owes the current year intangible Persor al Property Tax.     Yes   No			
.4		25   29   30   Name and Address of Current Registered Agent		10. Name and Address of New Registered					
	9, Name and Address of Safetti		-	81	Name				
Gaudet, Joseph e 420 Clematis St			-	82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401		-	83					
				84	City	FL	85 2	Zip Code	
office crit	to the provisions of sections for yearing sorting agestered agent, or both, in the State of mamiliar with, and accept the obligation of the state of	ons of, Section 607.0505, Fl	orida Statu	tes.	the corpora	rporation submits this statement for the purpose of tion's board of cirectors. I hereby accept the appointment of the purpose of tion's board of cirectors. I hereby accept the appointment of the purpose of the purpos	ntment as	s reg stered	
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICERS / M	D DIREC		
TITLE	P	☐ DELETE 1.		LE			☐ Chan	ge Addition	
NAME	GAUDET, JOSEPH E	1.2		1.2 NAME					
STREET ADDRE 3S	IZD OCCUMENTO O		1.3 STP	1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP			Char	ige Addition	
TITLE	-		1	2.1 TITLE			☐ Char	igeAddidon	
NAME	GAUDET, JOSEPH E JR.			2.2 NAME					
STREET ADDRESS	TEO CELIMATIO CI			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP			2. 4 CIT	_	11-ZIP		Char	ge Addition	
TITLE	AUDET, ROBERT S			3.2 NAME			_		
NAME STREET ADDRESS:	420 CLEMATIS ST				T ADDRESS			ı	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4. CIT						
TITLE				4.1 TITLE			☐ Char	nge 🗌 Addition	
NAME			4. 2 NA	ME				ļ	
STREET ADDRESS			4.3 STF	₹EET	TADDRESS			ļ	
CITY-ST-ZiP			4.4 CIT	Y-\$1	T-ZIP				
TITLE		☐ DELETE	5.1 TITI				Char	nge 🗌 Addition	
NAME			5.2 NA/					Į	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	1	_	5.4 CIT	Y-\$7	1-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 coartify 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 of the receivation 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 or an attachment with an address with all other like empowered.

6.1 TITLE

6.2 NAME

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition