04081999-90017-042-$150.00-$150.00

99.

AMOUNT DUE BY OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

'PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 20 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M71027

1. Corporation Name
AAGAARD-HARBIN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2619-B FRENCH AVE. SANFORD FL 32773 US	2619-B S. FRENCH AVE. SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 319 Elm Ave. Suite, Apt. #, etc. 22 City & State 23 Sanford, FL Zip 24 32771 Country 25 USA	2a. Mailing Address 26 319 Elm Ave. Suite, Apt. #, etc. 27 City & State 28 Sanford, FL Zip 29 32771 Country 30 USA

3. Date Incorporated or Qualified: 03/08/1968

4. FEI Number: 59-2674964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TYSON, JOHN J.
255 S. ORANGE AVENUE, SUITE 1301
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Terrence J. McGuire
82 Street Address (P.O. Box Number is Not Acceptable): Suite 1301 Citrus Center
83: 255 S. Orange Ave.
84 City: Orlando, FL 85 Zip Code: 32801

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Terrence J. McGuire — 8/2/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD AAGAARD, DENNIS D. 2619B S. FRENCH AVENUE SANFORD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD Aagaard, Dennis D. 319 Elm Ave. Sanford, FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HARBIN, J. L. 2619B S. FRENCH AVENUE SANFORD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VSD Harbin,J.L. 319 Elm Ave. Sanford, FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: [signature] — 8-18-99 Date — 407 330-2161 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
Dennis D. Aagaard