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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76783

ORION CONSTRUCTION COMPANY, INC.

Principal Place of Business	
The partiace of Busiless	Mailing Address
441 WOODSTOCK DR	441 WOODSTOCK DR
PORT ORANGE FL 32127	
The second secon	PORT ORANGE FL 32127

FILED Feb 20, 1999 8:00 am Secretary of State

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		TOTT OFFINGE PL 3212	.,			ľ				
						2 Date to	DO NOT WRI	TE IN THI	S SPACE	
						3. Date Incorporat	ted or Qualifed			
2. Principal Place of Business		2a. Mailing Address				04/18/1988 4. FEI Number				·•
21		26				_			L	Applied For
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			 -	59-2892157	<u> </u>			Not Applicable
22	·	27				5. Certifcate of Sta	tus Desired	□ _ ,		75 Additional
City & State		City & State				6 Floation Co	in Fr.			e Required
23		28				6. Election Campa Trust Fund Con				00 May Be
	puntry	Zip	Cou	intry						led to Fees
25 29 9. Name and Address of Current Registered Agent			30			This corporation owes the current year Int Personal Property Tax.				Π.,
9. Name and A	ddress of Current R	legistered Agent				10. Name and Add	ress of New P	onistored	Yes	□No
MEHEGAN THOMAS	DODENT			81 Na	me			a Bi ster e C	Agent	·
MEHEGAN, THOMAS ROBERT 441 WOODSTOCK DR.			;	93 64						
PORT ORANGE FL 32127			82 Street Addre			fress (P.O. Box Number is Not Acceptable)				
FOR ORANGE FL 32	12/			83						
				84 Cit					85 Z	ip Code
11. Pursuant to the provisions of soffice or registered agent, or be agent. I am familiar with and	Sections 607.0502 ar	nd 607,1508, Florida Statu	ites the at			- 1 - 1 - 1 - 1 - 1		<u> </u>	1 1	-
office or registered agent, or b agent. I am familiar with, and a	oth, in the State of F	lorida. Such change was	authorized	by the c	orporation	ation submits this stat 's board of directors. I	ement for the p	urpose of	changing	its registered
SIGNATURE	assopt the obligation:	s 01, Secaon 607.0505, FI	onda Statu	tes.			погосу ассерт	ine appoi	mient as	registerea
Signature, typed or printed in	name of registered agent and	title if applicable (NOT	E: Oppinton d							
12.	OFFICERS AND D	RECTORS	13.	vgent signal	ure required w	hen reinstating)		DATE		
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