1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600000180

## PUBLIC CONSTRUCTION CONTRACTORS NETWORK, INC.

## **FILED** Mar 31, 1999 8:00 am § Secretary of State

03-31-1999 90001 006 \*\*\*\*61.25

Principal Place of Business Mailing Address							
2101 SOUTH WAVERLY PLACE 2101 SOUTH WAVERLY F		PLACE					
SUITE 200E SUITE 200E MELBOURNE FL 32901 MELBOURNE FL 32901							
WETROOKE	FL 32901	MELBOURNE PL 32501			( ) Married and leaves and and and	2011 2011 2012	.,
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
26					01/10/1996		
Suite, Apt. #, etc.					4. FEI Number	<del>  -   -   -   -   -   -   -   -   -</del>	lied For
27					NOT APPLICABLE	<del></del>	Applicable
City & State City & State					5. Certificate of Status Desired	\$8.75 A	
23				_		Fee Red	<u>'                                      </u>
Zip	Country	Zip	Cour	try	6. Election Campaign Financing	\$5.00	•
4	25 29 30		30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Regis	terea Agent	
				- 1	<u> </u>		
KINBERG, EDWARD J				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2101 SOUTH WAVERLY PLACE							
SUITE 200E				83			
MELBOURNE FL 32901				84 City		85 Zip C	ode
					poration submits this statement for the purp on's board of directors. I hereby accept the	FL   C	
agent. I SIGNATURI	am familiar with, and accept the obli	igations of, Section 617.0503, i	riolida Statu	tes. Igent signature require		ATE	
12.	organistic, types or printed name of tag		13.	<del> </del>	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TIT	.E		Change	Addition
NAME	KINBERG, EDWARD J		1.2 NA	AE.	• .		
STREET ADDRES	THE STATE OF STATE ASSET			REET ADORESS			•
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TTT	E		☐ Change	Addition
NAME	AHERN, DORIS	•	2.2 NA	/E			•
STREET ADDRES	**** *********	ينيوا دادات البحداد الا	2.3 ST	EET ADDRESS			_ ~
CITY-ST-ZIP	MELBOURNE FL 32940		2. 4 CF	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	D	☐ DELETE	3.1 TIT	E		Change	☐ Addition
NAME	KINBERG, MARY		3.2 NA	ME			
STREET ADDRES	AAAA MAAREEN VERLAGE OUT	E 200E	3.3 STI	EET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901		3.4. CF	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT				
NAME	1	LJ DELETE	4.1 111	E		☐ Change	Additio
		LJ DELETE	4.1 til			Change	☐ Addition
STREET ADDRES	es	LJ DELETE	4. 2 NA			Change	☐ Additio
	ss	□ Dereie	4. 2 NA 4.3 STI	ME		☐ Change	Addition

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 617. 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ DELETE

Change

Addition