Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90008 005 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19893

Principal Place of Business

VERCON CONSTRUCTION, INC.

285 FAIR FOI GREENVILLE		285 FAIR FOREST WAY GREENVILLE SC 29607				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	3 SPACE	<u> </u>	
						06/29/1988			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26				57-0840598		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional		
22		27	27			5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing	9 5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees		
Zip				Country		8. This corporation owes the current year Ir	ntangible		
24	25	29	30			Personal Property Tax.	🖺 Yes	⊠No	
	9. Name and Address of Curren	Registered Agent		L.,		10. Name and Address of New Registered	Agent		
, ст	CORPORATION SYSTEM			81	Name				
			82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)			
	O S. PINE ISLAND ROAD			~	Oli Coli Addic	(1.0. dox (validation is Not Acceptable)			
PLA	INTATION FL 33324			83				1	
_								1.1.1	
c	avati i vila			84	City	FI	85 2	Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12,	OFFICERS AND		13.	rigoni	agriating required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	P	☐ DELETE	1.1 TIT	LE			Chan-		
NAME .	VERGNOLLE, ROBERT R.		1.2 NA	ME				J	
STREET ADDRESS	440 1101 000 004 000 111				ADDRESS				
CITY-ST-ZIP	GREENVILLE SC 29605		1.4 CITY-ST-ZI						
TITLE	VP	DELETE	2.1 TITLE		<u> </u>		☐ Chan	ge 🖸 Addition	
NAME	KELLETT, B. WARD		2.2 NAME		ĺ		C) Crian	ae T (C) vaaiinu	
STREET ADDRESS									
CITY-ST-ZIP	FT. INN SC		2.3 STREET						
TITLE	ST	☐ DELETE	2.4 CITY-S		ZIP	N		57.0466	
NAME	SIMS, ANN H.	C) DECEIE	3.1 T/TL				☐ Chang	ge 🗌 Addition	
	Till 2. Till		3.2 NAM		1			ļ	
STREET ADDRESS	1		3.3 STR	LEET A	ODRESS				
CITY-ST-ZIP	PELZER SC	- VD6=:===	3.4. CITY-ST-		ZIP				
	VP	DELETE	4.1 TITLE		.		Chang	ge 🗍 Addition	
NAME	PYLE, JAMES G		4. 2 NAME				,	s i jan en l	
STREET ADDRESS	554 LEMASTER DR	•	4.3 STREET A		DORESS			· · ·	
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY	/-ST-2		1		`	
TITLE		☐ DELETE	5.1 TITL		VP	1 - 2 1	Chang	e 🔲 Addition	
NAME.			5.2 NAM	-	. Bo 90	distributed Dri			
STREET ADDRESS	0,50		5.3 STR	EET A					
CITY-ST-ZIP	<u> </u>		5 4 C/TY	'-ST-Z	OP GIZ	enville. SC 29615		}	
TITLE, "		☐ DELETE	6.1 TIT⊔	Ę	VP		☐ Change	e 🔲 Addition	
NAME			6.2 NAM	ιF	1 A de	en. Pohert	•	i	

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 frustee 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. SIGNATURE:

STREET ADDRESS

63 STREET ADDRESS 125 LOKE hatee landing