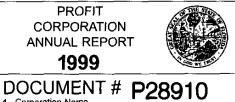
FILE NOW: FILING FEE AFTER MAY 1ST/15 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1, Corporation Name



DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 03-04-1999 90268 045 ***150.00

CONLO	N CONSTRUCTION CO.					
<u> </u>						
Principal Place of Business Mailing Address						
1100 ROCKDALE RD 11000 ROCKDALE RD						
P O BOX 3400 DUBUQUE IA 5		P O BOX 3400 DUBLIQUE IA 52003	UBUQUE IA 52003		DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualifed		
					04/16/1990	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		<u> </u>			42-0655227	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27					5. Certifcate of Status Desired	- Fee Required
		City & State			6. Election Campaign Financing	\$5.00 May Be
<u> </u>		28			Trust Fund Contribution	Added to Fees
		Zip	Country		8. This corporation owes the current year	
24			30		Personal Property Tax.	Yes No
24,	9. Name and Address of Curro		1		10. Name and Address of New Registers	ed Agent
			81	Name		
CT CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	Street Addr	t Address (P.O. Box Number is Not Acceptable)	
			83			
_				1		
			84	City	F	85 Zip Code
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t			- 466		<u>-</u>	
office or r	edistered agent or both in the Stat	e of Florida. Such change was au	thorized by t	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	pointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.	,		
SIGNATURE						·
	Signature, typed or printed name of registered as			t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 42
12.	PD	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	• •)		Criange DAddition
NAME			1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		1
CITY-ST-ZIP	DUBUQUE IA			-ZIP •	<u> </u>	
TITLE	VD .	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	CONLON, MICHAEL J.		2.2 NAME			}
STREET ADDRESS	12470 EATON CIRCLE		2.3 STREET	ADDRESS		1
CITY-ST-ZIP	DUBUQUE IA	DUBUQUE IA		T-ZIP	** =	
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	CONLON, TIMOTHY J.		3.2 NAME			
STREET ADDRESS	1525 PARKWAY		3.3 STREET	ADDRESS		1
CITY-ST-ZIP	DUBUQUE IA		3.4. CITY-ST			
TITLE	DODDGGC W.	☐ DELETE	4.1 TITLE	1-21-		Change Addition
			4. 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			1	i i		\.
CITY-ST-ZIP		C DELETE	4.4 CITY-ST	-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	}		}
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE	☐ DELETE 6.1 TI		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS 6.33			6.3 STREET	ADDRESS		{
			EACITY OT	710		

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 changes, or on an attacpment with an address, with all other like empowered.

SIGNATURE:

REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #