

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90098 014 ***150.00

DOCUMENT # P35123

1. Corporation Name
BAKER/MELLON STUART CONSTRUCTION, INC.

Principal Place of Business

111 N ORANGE AVE
SUITE 625
ORLANDO FL 32801-5500
US

Mailing Address

AIRPORT OFFICE PARK
BUILDING #1 410 ROUSER RD.
CORAOPOLIS PA 15108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1991

2. Principal Place of Business

21 850 TAAFALEGAR CT

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 SUITE 100

City & State

23 MAITLAND FL

Zip

24 32751

Country

City & State

28

Zip

29

Country

30

4. FEI Number

23-2654159

Applied For

No Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1311 EXECUTIVE CENTER DRIVE
SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

(NO E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BURNS, GLENN S.
STREET ADDRESS 410 ROUSER ROAD
CITY-ST-ZIP CORAOPOLIS PA 15108 ☒ DELETE

TITLE VCFO
NAME WHITE, ROBERT J
STREET ADDRESS 410 ROUSER ROAD
CITY-ST-ZIP CORAOPOLIS PA 15108 ☐ DELETE

TITLE SV
NAME O'BRIEN, JOHN
STREET ADDRESS 410 ROUSER ROAD
CITY-ST-ZIP CORAOPOLIS PA 15108 ☐ DELETE

TITLE VTAS
NAME FLOCK, ROBERT D.
STREET ADDRESS 410 ROUSER ROAD
CITY-ST-ZIP CORAOPOLIS PA 15108 ☐ DELETE

TITLE VGCS
NAME MCKNIGHT, H. JAMES
STREET ADDRESS 410 ROUSER RD
CITY-ST-ZIP CORAOPOLIS PA 15108 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.
1.2 NAME SHARRET, PHILIP
1.3 STREET ADDRESS 410 ROUSER RD
1.4 CITY-ST-ZIP CORAOPOLIS, PA 15108 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. FLOCK

Date

4/23/99

(412) 209-7111

Daytime Phone #

V. P. & TREAS

CR2E034 (11/98)

0007666