## 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

## DOCUMENT # **P36982**

1. Corporation Name

ARMADA/HOFFLER CONSTRUCTION COMPANY

Principal Place of Business	
•	
1435 CROSSWAYS BLVD SUITE 300	

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90031 009 \*\*\*150.00



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Principal Place of Business Mailing Address						)II 0101) 0101	ri diğir arası caşı			
	135 CROSSWAYS BLVD. SUITE 300 1435 CROSSWAYS BLVD. SUITE 300 CHESAPEAKE VA 23320 CHESAPEAKE VA 23320		DO NOT WRITE IN THIS SPACE							
							3. Date Incorporated or Qualifed			
							01/06/1992			
2. Principal P	lace of Business	2a	, Mailing Address				4. FEI Number		Applied For	
21		26					54-1411132		Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
City & State	e	28	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip	Country		Zip Country			-	8. This corporation owes the current year Intangible			
24	25	29		30	,		Personal Property Tax.	☐ Yes	Mo	
	9. Name and Address of Curre	nt Regi	stered Agent		04	Mana	10. Name and Address of New Registered	tgent		
COD	DODATION SERVICE COMPANI	,			81	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street Addi	ress (P.O. Box Number is Not Acceptable)					
TALL	AHASSEE FL 32301				83				Ì	
					84	City	FL	85 Zi	p Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Flori	da. Such chande was a	uunonze	יעטנ	trie corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing intment as	its registered registered	
SIGNATURE							<u> </u>			
GIGITATIONE	Signature, typed or printed name of registered ag		<del>``</del>	_	l Agen	nt signature require	ed when reinstating) DATE		TO DO 191 40	
12.	OFFICERS A	ND DIRI		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	☐ Chang		
TITLE	PD		☐ DELETE	1.1 TI				☐ Cilding	le	
NAME	SANDERS, CHRIS A			1.2 N					ļ	
STREET ADDRESS	NOTES TO TO THE POPULATION OF			ADDRESS			ĺ			
CITY-ST-ZIP	CHESAPEAKE VA 23320		. DELETE		TY-\$1	T-ZIP		Chang	e Addition	
TITLE	VD '		· M DEFEIE	2.1 TI					,c	
NAME	KIRK, A. RUSSELL 22 NAME						ĺ			
STREET ADDRESS	1001 2. 2.10220 11410			ADDRESS						
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TITLE	VD		☐ DELETE	3.1 ∏				514419		
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TITLE	STD ANTHONY D		ביי סכובוכ	4.131						
NAME -	NERO, ANTHONY P					T ADDRESS			ł	
STREET ADDRESS	***									
CITY-ST-ZIP	CHESAPEAKE VA 23320			5.1 TI	ITY-S'	1-2IF	· · · · · · · · · · · · · · · · · · ·	Chang	ge Addition	
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CITY-ST-ZIP			☐ DELETE	6.1 Ti		<del>-</del>		☐ Chang	e  Addition	
				6.2 N				_ •	_	
NAME	· ·					TADORESS				
STREET ADDRESS			•	0.00					)	

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:

GSALURE REJECTRED
TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(757) 366 4000