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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000006438

STEVE PARISIAN CONSTRUCTION COMPANY, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90018 014 ***150.00



Principal Place	of Business	Mailing Address			1 IMESIANS IN CALLS SINII AND IL NAVIO DE		
624 IXORA AVENUE		624 IXORA AVENUE					
ELLENTON FL 34222		ELLENTON FL 34222		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					11/20/1992		
2 Principal Pl	lace of Business	2a. Mailing Address		·	4. FEI Number	⊢	Applied For
Z. FIIIICIPAI FI	ace of Basinoss	26			65-0371521		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional (1) Required
22		27)0 May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		ed to Fees	
23	Country	Zip	Cour	ntry	8. This corporation owes the current	year Intangible	1
Zip	25	├ ── ' -	30		Personal Property Tax.	Yes	M No
24	9. Name and Address of Cu				10. Name and Address of New Regi	stered Agent	
	5. Name tha Address C. C.			81 Name			
PARISIAN, STEVE 624 IXORA AVENUE ELLENTON FL 34222				82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
				83	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Nac and the same
CLLI	ENTON FL 34222						Zip Code
				84 City		FL 85 2	ip Code
				1103.	on's board of directors. I hereby accept th		
agent. I a	Signature, typed or printed name of registere	S teve	Registered	Agent Signature require	ed when reinstating)	Z 4-99 DATE FRS AND DIREC	}
agent. I a	Signature, typed or printed name of registeres OFFICERS	d agent and title if applicable. (NOTE:	Registered	Agent Signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	}
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: