FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90062 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200007383

1. Corporation Name

NATIONS CONTRACTORS, INC.

Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		7207 W. BROWARD BLVD.	OWARD BLVD.						
SUITE 157 SUITE 157 PLANTATION FL 33317 SUITE 157 PLANTATION FL 33317						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/25/1992			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	· · · · ·	Applied For	
21	·	26				65-0372187		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
City & Stat	<u> </u>	City & State				6. Election Campaign Financing		0 May Be	
23	5	28				Trust Fund Contribution	•	d to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current year		/	
24	25	29	30			Personal Property Tax.	Yes	A No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	d Agent		
TNIA	•		8	11	Name			1	
TRIPP, J			8	12	Street Addre	ss (P.O. Box Number is Not Acceptable)			
1207 W BROWARD BLVD			Ļ	_					
STE 157 PLANTATION FL 33317			Ì	33				Ì	
PERMINION PE 30317			8	4	City		85 Zi	p Code	
		700 - 1 007 4500 Ft. 11 Parket	- 4515-			ration submits this statement for the purpose	— , ,	its registered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized t	y ti	he corporation	's board of directors. I hereby accept the ap	ointment as	registered	
SIGNATURE					 	when reinstating) DATE			
			Registered Ag	Registered Agent signature require		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	P DELETE		1.1 TITLE			7,0011101101011111101011111111111111111	Chang		
NAME	TRIPP, J F		1.2 NAM	Е	Ì			j	
STREET ADDRESS	TARE IN PROMISED DIS 157		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	DI ANTIATIONI EL GOGAZ		1.4 CITY-ST-ZIP]				
TITLE	VP □ DELETE		2.1 TITLE				Chang	e Addition	
NAME	TRIPP, SCOTT		2.2 NAM	Е					
STREET ADDRESS 7207 W. BROWARD BLVD #157			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP PLANTATION FL 33317			2. 4 CITY-ST-ZIP		r-ZIP				
TITLE	☐ DELETE		3.1 TITLE				☐ Chang	e	
NAME			3.2 NAM	E)	
STREET ADDRESS	,		3.3 STRE	EET/	ADDRESS				
CITY-ST-ZIP			3.4. C/TY-ST-ZIP		- ZiP				
TITLE		☐ DELETE	4.1 TITLE	Ε			☐ Chang	ge Addition	
NAME			4. 2 NAW						
STREET ADDRESS			1		ADDRESS !			ļ	
CITY-ST-ZIP		☐ BELETE	4.4 CITY		-ZiP		☐ Chang	ie Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAM					eAddition	
NAME			1		ADDRESS			l	
STREET ADDRESS			5.4 CITY		·			ĺ	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Chang	e Addition	

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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.