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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT, OF STATE Kathering harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 920000 11071

1. Corporation Name

TONEY CONSTRUCTION COMPANY, INC.

May 17, 1999 8:00 am Secretary of State

05-17-1999 90091 007 ***150.00

Principal Plac	ce of Business UNIVERSITY BLVD STE B	M انـ د	lailing Address							
2 100 (ONIVERSITY BLVD 31E B	5 -4	2700 UNI		τ4	BTAD A	N.			
JACKSONVILLE, FL 32217 SUITE B-4						_	DO NOT WRITE IN THIS SPACE			
•	•		JACKSONVILLE FL 32217				3. Date Incorporated or Qualifed	L		
							PECEMBER 11,1992			
2 Principal F	Place of Business	2a	. Mailing Address				4. FEI Number		Applied For	
i ·	lace of Business	-	. Walling Address				59-3158767		Not Applicable	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				37-3/30/0/		Additional	
							5. Certificate of Status Desired		Fee Required	
City & State			City & State				6. Election Campaign Financing			
							Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country	120	Zip	Cou			8This corporation owes the current year_In			
, Í	25	29		30			Personal Property Tax.	Yes	MNo	
	9. Name and Address of Current		stered Agent	[55]	Γ_		10. Name and Address of New Registered	Agent		
			· · · · · · · · · · · · · · · · · · ·		81	Name				
HOW	LAS E. TONEY JR.				-		(0.0.0.1)			
4321 PLAZA GATE LANE UNIT 202 BZ Stre						Street Addr	ess (P.O. Box Number is Not Acceptable)			
	SONVILLE, FL 32				83					
JACK	SSNVILLE INC 32	21	1						<u> </u>	
					84	City	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 0502	and 6	S07 1508 Florida Statu	ites the a	hove	e-named corn	oration submits this statement for the purpose of	chanoung it	s registered	
office or i	registered agent, or both, in the State of	f Florid	da. Such change was	authorized	d by	the corporation	on's board of directors. I hereby accept the appoint	ntment as r	egistered	
agent. I a	am familiar with, and accept the obligation	ons of						20		
SIGNATURE	Signature, typed or printed name of registered agent		MAS ETON		J (t signature required	165. 4-28-6 d when reinstating) DATE	<u> 17</u>		
12.	OFFICERS AND			13.	Agen	k alginature required	ADDITIONS/CHANGES TO OFFICERS AT		ORS IN 12	
TITLE	PRESIDENT		☐ DELETE	11TI	TLE			Change		
NAME	THOMAS & TONEY J	12.		1.2 N						
STREET ADDRESS	4321 PLAZA GATE LA	NE	# 202			r address				
	JACKSONVILLE, FL	37	ל ^{יי} ו. ל		TY-S					
CITY-ST-ZIP TITLE	SACKS DAVIES (FD		□ DELETE	21 TI		1-217		Change	Addition	
				Į.					<u></u>	
NAME				22 N						
STREET ADDRESS	'}			ı		FADDRESS				
CITY-ST-ZIP			- DELETE	_		T-ZIP		Change	e Addition	
TITLE			☐ DELETE	3.1 TI				Ghange	Addition	
NAME				32 N						
STREET ADDRESS				33S	REET	ADDRESS	_	-		
CITY-ST-ZIP				3.4. C		T-ZIP				
TITLE			☐ DELETE	4.1 Tľ	ΓLE			Change	Addition	
NAME				4,2 N	AME					
STREET ADDRESS				4.3 S1	REET	ADDRESS				
CITY-ST-ZIP				44 CI	TY-S1	T-ZIP				
TITLE			☐ DELETE	5.1 TI	ΠLE			☐ Change	Addition	
NAME	[5.2 N	ME					
STREET ADDRESS				5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI	TY-ST	r-ZIP				
TITLE			☐ DELETE	6.1 TI	ÌΕ			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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TNOMAS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

& TONEY JR. 4-28-99

904-463-5558