PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012639

1. Corporation Name

TUTEN CONTRACTING & DESIGNS, INC.

•							
Principal Place of Business Mailing Address							
765 NE 2 AVE	P O BOX 1537	= 7					
OK EECHOB EE US	FL 34972	OKEECHOBEE FL 34973 537 — US		DO NOT WRITE IN THIS SPACE			
00		55			3. Date Incorporated or Qualifed		
					12/14/1992		1
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26 P. O. BOX 153	37		65-0372367	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		.5. Certifcate of Status Desired	\$8.75 A	
22	, -	27	27		3. Certificate of Otalica Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28 OKEECHOBEE, F	<u> </u>		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	_ Country		8. This corporation owes the current year		
24	25	29 34973-1537 3	o USA	<u> </u>	Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		т	10. Name and Address of New Register	ed Agent	
E 3445	OV ANNI THITCH		81	Name			
	Y ANN TUTEN		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	7 S.W. 18 COURT						
OKE	ECHOBEE FL 34974		83	}			ļ
•			84	City		85 Zip C	Code
				1 1	poration submits this statement for the purpose	▝┖╴╎╶│╶┈	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	 -	nt signature requir	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DVST	☐ DELETE	1.1 MLE			Change	☐ Addition
NAME	TUTEN, MARY ANN		1.2 NAME				
STREET ADDRESS	1			TADDRESS			Į
CITY-\$T-ZIP	OKEECHOBEE FL	DOLETE	1.4 CITY-5	iT-ZIP		☐ Change	Addition
TITLE	DP	☐ DELETE	2.1 TITLE	ļ		☐ Change	☐ Addition
NAME	TUTEN, TROY T	22 N		- 1			
STREET ADDRESS	1			TADDRESS		_	
CITY-ST-ZIP	OKEECHOBEE FL-		2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		. DELETE	3.1 TMLE			□ ousingo	L Footbon
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CITY-:	ST-ZiP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Originge	Addition
NAME			4.2 NAME	į į			Ì
STREET ADDRESS				T ADDRESS			ĺ
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	<u> </u>	Change	Addition
TITLE		C) DETE 15	5.1 TITLE 5.2 NAME			- Originge	, .wanton)
NAME				TADORESS			
STREET ADDRESS			1	ì			l
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE)1-2IF		Change	Addition
TITLE			6.2 NAME				
NAME				T ADDRESS			ĺ
STREET ADDRESS	i l		0.5 5 INCE				ŀ

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.

MARY ANN TUTEN

01/21/99

(941) 763-0117

6.4 CITY-ST-ZIP

CITY-ST-ZIP

(941) 763-0117

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90139 019 ***150.00