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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. 网络克尔克顿



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300000197

CITY-ST-ZIP

DOUG REYNAERT & SONS, INC.

4204 E 23RD 1	ST	4204 E 23 ST					•		
ALVA FL 3392		ALVA FL 3392							
US		US	.•				O NOT WRITE IN THIS	S SPACE ·	
		. ••				3. Date Incorporated			
						,	or Quanted		1
	•	_				12/29/1992			,
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		TA	pplied For
21		26				65-0417466	•		ot Applicable
	- L	<del></del>	. # -4-			00 04 17400		<del> </del>	
Suite, Apt.	. #, etc.	Suite, Apt	i. #, eic.			5. Certifcate of State	us Desired		Additional
22	A CONTRACTOR OF THE CONTRACTOR	27				S. Commodia of Glam		Fee R	equired
City & Sta	te	City & Sta	ate			6. Election Campaig	n Financino	\$5.00	May Be
23		28				Trust Fund Contri	- 11		to Fees
				3		·			torees
Zip	Country	Zip		Country		8. This corporation of	owes the current year In	itangible	_
24	25	29	30			Personal Property	/ Tax.	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Age	nt			10. Name and Addre	ss of New Registered	Agent	
	See			81	Name		1		
REY	NAERT, DOUGLAS V								
	4 E 23RD ST	•		82	Street A	Address (P.O. Box Number is	Not Acceptable)		<del> </del>
		•		~~	}				
ALV.	A FL 33920			83	<u> </u>	\$ 1,000 pt 1	77 H	237 74 2 74	F 121 1 145 1431
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11. Pursuant	to the provisions of Sections 607.050.	2 and 607 1508 FI	lorida Statutes, the	e above	e-named o	corporation submits this state	ment for the numose of	f changing its	s registered
office or	registered agent, or both, in the State	of Florida, Such ch	nange was authori	zed hv	the corpo	ration's board of directors. I	hereby accept the appo	intment as re	egistered
🚟 agent, Fa	am familiar with, and accept the obliga-	tions of Section 60	07.0505, Florida S	Statutes					Ĭ,
SIGNATURE			•						
SIGNATORE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registe	ered Agen	t signature re	quired when reinstating)	DATE		<del></del>
12.	OFFICERS AN	ID DIRECTORS		13.	-	ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTO	OPS IN 12
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	REYNAERT, DOUGLAS V		DELETE 1.	.1 TITLE 2 NAME	ADDRESS	10.000	octorio di li octioni		
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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 changes or on an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90039 030 \*\*\*150.00