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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300003461

BOB'S CONTRACTING COMPANY, INC.

Friis	cipai Fiace	or pusities
6614	MEMORIAL	HIGHWAY

Mailing Address

6614 MEMORIAL HIGHWAY

## **FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90141 014 \*\*\*150.00



TAMPA FL 3361	15	TAMPA FL 33615		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qu				
						01/15/1993				
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For					
13437 Valley Ranch Dr. 263437 Valle				v Banch Or.		59-3159226			.	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.					ired 🛚		\$8.7	5 Additional
22		27				5. Certifcate of Status Des	irea 🗀		Fee	Required
City & State	e	City & State	City & State			6. Election Campaign Fina	ncing _		\$5.0	<b>)0</b> May Be
23 Lutz	, Fla.	28 Lutz, Fla.	Lutz, Fla.			Trust Fund Contribution			Adde	ed to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the	ne current y			
24 3354	.9 <b>25</b> U . S . A	29 33549 3	o U	. <u>s./</u>	Α	Personal Property Tax.			☐ Yes	DXNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Regis	tered A	gent	
				81 Na	ame	bert DellaGat	t a			
	LAGATA, ROBERT		ŀ	82 St		ddress (P.O. Box Number is Not Acceptable)				
	I MEMORIAL HIGHWAY				3437 Valley Ranch Dr.					
TAM	PA FL 33615			83						
			}	84 Ci	itar				85 7	ip Code
			ļ		ا ا	utz .	-	FL	3	3549
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	r Florida. Such change was autr	norizea	ру іпе	med corp corporation	oration submits this statement on's board of directors. I hereby	for the purp accept the	ose of c appoin	manging tment as	registered
SIGNATURE		MOTE D	a minte med	Annat aven	atura require	ed when reinstating)		ATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent sign	ature requires	ADDITIONS/CHANGES			DIREC	TORS IN 12
TITLE	PTS	DELETÉ	1.1 TIT	LE	P	°TS			Chan	
NAME	DELLAGATA, ROBERT	<u></u>	12 NA			Robert DellaGa	tta			_
. –	6614 MEMORIAL HIGHWAY			REET ADD		3437 Valley Ra		r.		
STREET ADDRESS				Y+ST-ZIP		utz, Fla. 335				
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		<u> </u>	2.2 NA							_
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STREET ADDRESS					i					
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STREET ADDRESS				Y-ST-ZIP						
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CITY-ST-ZIP	İ		0.7 011	. 51-21F	ı					

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 attactionent with an address, with all other like empowered.

SIGNATURE:

2-3-99

(813) 963-6524