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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21, 1999 8:00 am Secretary of State

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1. Corporation Name

DOUG HOSS CONS	THUCTION SERVIC												
Principal Place of Business		Mailing Address				Ì		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
513 W COLONIAL DRIVE		513 W COLONIAL DRIVE					•						
SUITE #8		SUITE #8					r	O NOT WRI	TE IN THIS	SPACE			
ORLANDO FL 32804 US		ORLANDO FL 32804 US				3 [DO NOT WRITE IN THIS SF 3. Date Incorporated or Qualified			, 0. 7.02			
		00				1	1/19/1993						
2. Principal Place of Business		2a. Mailing Address					El Number				App	lied For	
21	├	26					9-3162843_					Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							×	\$8.7	5 Ac	ditional	
22		27	وستعيش	<u> </u>	ووسين	5. C	Certificate of Stat	us Desired	<u> </u>	Fee	e Req	uired	
City & State		City & State				6. E	lection Campaig	n Financing		\$5.	00 N	May Be	
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Zip	Country	Zip	_	intry		8. 1	This corporation	owes the cur	rent year In			ra	
24 25		29	30				ersonal Propert			☐ Yes	<u> </u>	X No	
9. Name an	d Address of Current Re	gistered Agent		04	News	10. 1	Name and Addr	ess of New I	Registered	Agent			Ì
DEOLED TOTAL				81	Name								ĺ
BECKER, JOHN	DDIVE			82	Street A	ddress (P.0	D. Box Number i	s Not Accept	able)				•
513 W COLONIAL	UNIVE									 -			ĺ
SUITE #8 ORLANDO FL 328	n.a			83									
URLANDU FL 320	94			84	City					85	Zip Co	ode	ĺ
				Ш					<u>Fl</u>				
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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 suppliemental annual report is rue 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 receives 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.

SIGNATURE:

CITY-ST-ZIP

JOHN BECKER, S.T., 407-841-7559