Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90012 019 \*\*\*150.00

## 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 # P93000032574

1. Corporation Name

21	MITCRESS CONSTRUCTION	INC.			 			
FORT MYERS FL 33912  FORT MYERS FL 33912  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  05/04/1993  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0386043  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Requested City & State City & State City & State 28  City & State 29  30  Trust Fund Contribution Added to F Personal Property Tax.  9. Name and Address of Current Registered Agent  MITCKESS, DAVID 18550 DOGWOOD ROAD FORT MYERS FL 33912  84  City Fund Contribution Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  Street Address (P.O. Box Number is Not Acceptable)  84  City Fund Contribution Address of New Registered Agent  85  Street Address (P.O. Box Number is Not Acceptable)  85  Street Address (P.O. Box Number is Not Acceptable)  85  Street Address (P.O. Box Number is Not Acceptable)  85  Street Address (P.O. Box Number is Not Acceptable)  85  Street Address (P.O. Box Number is Not Acceptable)  86  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  88  City Fund Contribution  89  Street Address (P.O. Box Number is Not Acceptable)  80  Street Address (P.O. Box Number is Not Acceptable)  80  Street Address (P.O. Box Number is Not Acceptable)  81  Street Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  84  City Fund Contribution  85  Contribution  85  Contribution  86  City Fund Contribution  87  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  87  Street Address (P.O. Box Number is Not Acceptable)  88  Street Address (P.O. Box Number is Not Acceptable)  89  Street Address (P.O. Box Number is Not Acceptable)  80  Street Address (P.O. Box Number is Not Acceptable)  81  Street Address (	Principal Place of Business	Mailing Address			- CIMENDEL LIB INDUCTION BOTH ORIGINAL CONTROL	AMM EILEM IEM	101 41415 18851 A101 1881	
2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0386043 Not A Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Requ City & State City & State City & State  Zip Country Zip Zip Country Zip Sign Sign Sign Sign Sign Sign Sign Sign					DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2a. Malling Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Signature Address of Current Registered Agent  MITCKESS, DAVID  18550 DOGWOOD ROAD  FORT MYERS FL 33912  2a. Malling Address  4. FEI Number 65-0386043  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Requ  Fee Requ  Country  Signature  Full Status  Fee Requ  Fee Requ  Added to F  8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  Name  MITCKESS, DAVID  18550 DOGWOOD ROAD  FORT MYERS FL 33912  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  Donna Lane  FL 85 Zip Coc  339  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am fartifar/with, and capp the obligations of, Section 607.0505, Florida Statutes.					I			
26								
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Zip  Country  Suite, Apt. #, etc.  City & State  City & State  City & State  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  Su	2. Principal Place of Business	2a. Mailing Address			.,	L	Applied For	
Solution   State   City & State   City & State   Sta	21				65-0386043		Not Applicable	
City & State  28  City & State  28  Country  Zip  Country  Zip  Country  S. This corporation owes the current year Intangible Personal Property Tax.  Payes  9. Name and Address of Current Registered Agent  MITCKESS, DAVID 18550 DOGWOOD ROAD FORT MYERS FL 33912  81  City  Added to F  Registered Agent  10. Name and Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  33  84  City  FL  85  Zip Coc  35  36  This corporation owes the current year Intangible Personal Property Tax.  Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  34  City  FL  85  Zip Coc  35  36  37  37  37  37  37  37  37  37  37	¬, ,,				5. Certificate of Status Desired		.75 Additional ee Required	
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Added to F  24 25 29 30 Personal Property Tax. Aves  9. Name and Address of Current Registered Agent  MITCKESS, DAVID  18550 DOGWOOD ROAD  FORT MYERS FL 33912  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL Myers  15 Street Address (P.O. Box Number is Not Acceptable)  85 Zip Coc  86 City FL Myers  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am fartyllar with, and fosper the obligations of, Section 607.0505, Florida Statutes.		City & State		-	6. Election Campaign Financing	\$5	5.00 May Be	
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Tay Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MITCKESS, DAVID 18550 DOGWOOD ROAD FORT MYERS FL 33912 82 Street Address (P.O. Box Number is Not Acceptable) 34 City FL Myers FL 33912 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, any logger the obligations of, Section 607.0505, Florida Statutes.		28		,			dded to Fees	
9. Name and Address of Current Registered Agent  MITCKESS, DAVID 18550 DOGWOOD ROAD FORT MYERS FL 33912  82 Street Address (P.O. Box Number is Not Acceptable) 34 City FL 85 Zip Coc 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and fospel the obligations of, Section 607.0505, Florida Statutes.	Zip Country	<b>⊢</b> ` <b>┌</b>	ountry		· · · · · · · · · · · · · · · · · · ·			
MITCKESS, DAVID  18550 DOGWOOD ROAD  FORT MYERS FL 33912  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL Myers  FL 85 Zip Coc  339  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regording of the corporation of directors. I hereby accept the appointment as regist agent. I am familiar with, and scapp the obligations of, Section 607.0505, Florida Statutes.					10. Name and Address of New Registere	d Agent		
FORT MYERS FL 33912  84 City FL Myers FL 85 Zip Coo 339  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am fartifar with, and scapp the objigations of, Section 607.0505, Florida Statutes.				Street Addres				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607.0505, Florida Statutes.	$\cap$			11. 17	. 1 1 4 2 3	L	Zip Code 33917	
SIGNATURE DAVID DAVID DAVID DE UN DE	office or registered agent, or both, in the agent, I am farhillar with, and accept the	ne State of Florida. Such change was authorize	eo by i	tne corporation	Sess 1-13	of changi iointment 3 – 90	ing its registered t as registered	

- A C.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1-12 00	
SIGNATURE	June NIV denv	2 DAVII	D W M 1 d	tekess		/-/3-99 DATE	
40	Signature typed or printed name of registered agent and title if ap	(	13.		CHANGES TO DEEK	CERS AND DIRECTO	RS IN 12
12.		☐ DELETE	1.1 TITLE	ADDITIONO	#G:##:GEG +G G:+:	Change	Addition
TITLE	PD	- DELETE	1.2 NAME			_ ,	_
VAME	MITCKESS, DAVID			٠			
STREET ADDRESS	18550 DOGWOOD ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY-ST-ZIP				<b>S</b>
TITLE	STD	DELETE	2.1 TITLE	Vice tre	esident	☐ Change	Addition
NAME	MITCKESS, DAVID		2.2 NAME	Kenneth	sident Miller		
STREET ADDRESS	18550 DOGWOOD ROAD		2.3 STREET ADDRESS	19165 3		245	
CITY-ST-ZIP	FORT MYERS FL 33912		2. 4 CITY-ST-ZIP	Fort Myer	e, FL 3.	3912	
TITLE		☐ DELETE	3.1 TITLÉ	Sec. Trea	3	☐ Change	Addition
NAME			3.2 NAME	Gary Sy	برجعت		
STREET ADDRESS			33 STREET ADDRESS	2 193	302 and	51	•,
CITY-ST-ZIP		_	3.4. CITY+ST-ZIP	Fort	MYLRS		905
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TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ı
STREET ADDRESS		i	63 STREET ADORESS				

6.4 CITY-ST-ZIP 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 of 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 chapted, of on an attachment with an address, with all other like empowered.

SIGNATURE:

QIDARIDW MITCHESS 1-13-99