FILED Apr 15, 1999 8:00 am Secretary of State

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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

1. Corporation	MENT # P93000 CONSTRUCTION, INC.	041406			
Principal Place	of Business	Mailing Address			
2484 SW DANBURY LN PALM CITY FL 34990 US		P O BOX 507 HOBE SOUND FL 33475-0507 US			DO NOT WRITE IN THIS SPACE
-					3. Date Incorporated or Qualifed 06/08/1993
— '.	lace of Business	2a, Mailing Address	ailing Address		4FEI-Number - Applied For Not Applied by Not Applied For
21 26 2010 Act # 212					\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	- Country	Zip	Countr	У	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
		· ·	81	Name	7
Virga, Richard 2484 Sw Danbury Ln			82	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 3101			0.5		
PALM CITY FL 34990			83	'	
			84	84 City FL 85 Zip Code	
office are	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE:	da Statute:	the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		. □ Change □ Audulio
NAME [VIRGA, RICHARD A		1.2 NAME	3	·
STREET ADDRESS	130 OCEAN PINES TR			TADORESS	os 4
CITY-ST-ZIP				ST-ZIP	☐ Change ☐ Addition
TITLE	D THOMAS I	☐ DELETE	2.1 TITLE		
NAME	VIRGA, THOMAS J	مقادرة شباء	. 2.2 NAME	-	
STREET ADDRESS				T ADDRESS	,
CITY-ST-ZIP	PALM CITY FL 34990	☐ DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE		□ vereie	3.1 BILE		
NAME (1		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE		☐ Change ☐ Addition
TITLE	_		4.2 NAME		
NAME etheet anonese		•		T ADDRESS	
STREET ADDRESS			4.3 STREE		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	t	☐ Change ☐ Additio.
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-1		
0111-31-ZIF		DELETE	61 TITLE		☐ Change ☐ Additio

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP