PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000057503

1. Corporation Name

FLOWLINE CONSTRUCTORS, INC.

1.000					
Principal Place of Business Mailing Add		Mailing Address	ddress		
13775 46TH STREET. NORTH 13775 46TH STR			46TH STREET, NORTH RWATER FL 33762-3808		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 08/06/1993
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3194537 Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 27					5. Certificate of Status Desired Fee Required
City & State	e .	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	0		Trust Fund Contribution Added to Fees
Zip	ابت Country	Zip	Country	/	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29 30	<u>'l</u>		Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81	Name	
LOPP, GARY O					
1035 WYNDHAM WAY			82	Street	t Address (P.O. Box Number is Not Acceptable)
SAFETY HARBOR FL 34695			83	ı	
			84	City	85 Zip Code
					FL 32 249 South
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 registered office 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 registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Wallet William accept the obligo	Cary Lor			lentApril 13-1999 Error
SIGNATURE	Signature, typycor printed name of registered oper	t and title of applicable. (NOTE: Re	gistered Age		required when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
'''LL	/P	☐ DELETE	1.1 TITLE		. [_] Griange
NAME	LOPP, GARY O		1.2 NAME		,
STREET ADDRESS				T ADDRESS)
TITLE	SAFETY HARBOR FL	□ DELETE	1.4 CITY-5 2.1 TITLE	51-210	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS				TADDRESS	3
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STREET ADDRESS			5.4 CITY-5		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

CITY-ST-ZIE DO CONTACT SET ON THE SET 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS TO AND A TO SHAPE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 022 ***150.00