

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90004 038 \*\*\*150.00

DOCUMENT # P93000070722

1. Corporation Name

MATTHEWS CONSTRUCTION, INC.

Principal Place of Business

507 S. MARION STREET  
SUITE 5  
LAKE CITY FL 32025  
US

Mailing Address

507 S. MARION STREET  
SUITE 5  
LAKE CITY FL 32025  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1993

4. FEI Number

59-3210966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Rt. 2, Box 5918  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1296  
Suite, Apt. #, etc.

22 Santa Fe Road  
City & State

27  
City & State

23 Ft. White, FL  
Zip Country

28 Lake City, FL  
Zip Country

24 32038 25 Columbia

29 32056 30 Columbia

9. Name and Address of Current Registered Agent

MATTHEWS, THOMAS S  
507 S. MARION STREET  
SUITE 5  
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name Matthews, Thomas S.

82 Street Address (P.O. Box Number is Not Acceptable)  
Rt. 2, Box 5918

83

84 City Ft. White FL 85 Zip Code 32038

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 Thomas S. Matthews

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MATTHEWS, THOMAS S  
STREET ADDRESS 507 S. MARION STREET, SUITE 5  
CITY-ST-ZIP LAKE CITY FL

TITLE ST ☐ DELETE  
NAME MATTHEWS, SHIRLEY A  
STREET ADDRESS 507 SO MARION ST STE 5  
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Matthews, Thomas S.  
1.3 STREET ADDRESS Rt. 2, Box 5918  
1.4 CITY-ST-ZIP Ft. White, FL 32038

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME Matthews, Shirley A.  
2.3 STREET ADDRESS Rt. 2, Box 5918  
2.4 CITY-ST-ZIP Ft. White, FL 32038

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99  
Date

(904) 497-4762  
Daytime Phone #

CR2E034 (11/98)