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Mailing Address

US

19721 118TH TRAIL SOUTH

BOCA RATON FL 33498

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083852

Principal Place of Business

19721 118TH TRAIL SOUTH BOCA RATON FL 33498

THYNG CONSTRUCTION, INC.

3. Date Incorporated or Qualifed 12/<u>01/1993</u> 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0363321 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THYNG, SAMANTHA Street Address (P.O. Box Number is Not Acceptable) 19721 118TH TRAIL SOUTH **BOCA RATON FL 33498** 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE THYNG, DAVID 1.2 NAME NAME 19721 118TH TRAIL SOUTH 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE THYNG. SAMANTHA 2 2 NAME NAME 19721 118TH TRAIL SOUTH 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE TITLE NAME

3.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4 2 NAME

51 TM F

5.2 NAME

6.1 TITLE

6.2 NAME

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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

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DELETE

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FILED

Jan 25, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-25-1999 90031 027 ***150.00

Addition

☐ Addition

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Change