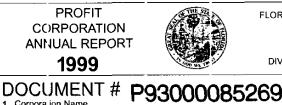
(11/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

COLLIER DALY CONTRACTORS INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90052 025 ***150.00

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Mailing Address Principal Place of Business COLLIER DALY COMTRACTED 509 SE 6TH AVE 509 SE 6TH AVE 915 SE 3RD STREET **BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE BOYNTON BEACH FL 33435 3. Date Ir corporated or Qualifed 12/09/1993 Applied For 2a. Mailing Address 4 FEI Number 2. Principal Place of Business 65-0458999 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired Fee Recuired 27 22 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This exporation owes the current year Intangible []No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DALY, MARK C Street Address (P.O. Box Numbers Not Acceptable) 82 16 FAYETTE DR OCEAN RIDGE FL 33435 83 84 BOYNTON BEACH 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. 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 haine of registered agent, and title if applicable. (NOTI:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE Change ☐ Addition 1.1 TITLE TITLE CR2E034 COLLIER, JOY 1.2 NAME NAME 509 SE 6TH AVE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME DALY, MARK NAME 509 SE 6TH AVE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the informat on 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 of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of t

SIGNATURE:

CITY-ST-ZIP