## 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** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90005 028 \*\*\*150.00

| DOCUMENT #         | P93000088686 |
|--------------------|--------------|
| 1 Corneration Name | . 0000000000 |

ACK BROTHERS GENERAL CONTRACTORS, INC

| IVIAUN DI                                | HOTHERS GENERAL CONTR   | 14010110; 1110:  |                        |                 |  |                            |                 |
|--|---|--|------------------------|-----------------|--|----------------------------|-----------------|
| Principal Place                          | of Business   | Mailing Address  |                        |                 | -  | MINI INSULTATION OF STREET | 19118 8111 1881 |
| 5521 BARKER S<br>JACKSONVILLE            |   | 5521 BARKER ST<br>JACKSONVILLE FL 32207                            |                        |                 | DO NOT WRITE IN T  | THIS SPACE                 |                 |
| US                                       |   | US   |                        |                 | 3. Date Incorporated or Qualifed 12/30/1993  |                            |                 |
| 2. Principal Pl                          | ace of Business   | 2a. Mailing Address  |                        |                 | 4. FEI Number  | Apr                        | plied For       |
| 21                                       |   | 26   |                        |                 | 59-3228279   |                            | t Applicable    |
| Suite, Apt.                              | #, etc.   | Suite, Apt. #, etc.  |                        |                 | 5. Certifcate of Status Desired  | \$8.75 △                   |                 |
| 22                                       |   | 27   |                        |                 | 3. Octimate of Care Boomer   | Fee Re                     |                 |
| City & State                             | 9   | City & State   |                        |                 | 6. Election Campaign Financing   | \$5.00                     |                 |
| 23                                       |   | 28   |                        |                 | Trust Fund Contribution  | Added t                    | o Fees          |
| Zip                                      | Country   | Zip  | _ Country              | •               | 8. This corporation owes the current year  |                            |                 |
| 24                                       | 25  | 29 30  | <u> </u>               |                 | Personal Property Tax.   |                            | □No             |
|  | 9. Name and Address of Current  | t Registered Agent   | 81                     | T. Name         | 10. Name and Address of New Registe  | red Agent                  |                 |
| MAC                                      | K EDEDEDICK W   |  | 6'                     | Name            |  |                            |                 |
|  | k, frederick w<br>Barker St   |  | 82                     | Street Addre    | ss (P.O. Box Number is Not Acceptable)   |                            |                 |
|  | SONVILLE FL 32207   |  | 83                     |                 |  |                            |                 |
|  |   |  | 84                     | City            |  | FL 85 Zip C                | Code            |
| office or re<br>agent. I as<br>SIGNATURE | to the provisions of Sections 607.050/<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat<br>Signature, typed or printed name of registered agen | of Florida. Such change was autrions of, Section 607.0505, Florida | onzed by<br>a Statutes | the corporation | ration submits this statement for the purpos n's board of directors. I hereby accept the a | ppointment as re           | gistered        |
| 12.                                      | OFFICERS AN   |  | 13.                    |                 | ADDITIONS/CHANGES TO OFFICER   | S AND DIRECTO              | PRS IN 12       |
| TITLE                                    | DPT   | ☐ DELETE   | 1.1 TITLE              |                 |  | Change                     | Addition        |
| NAME                                     | MACK, FREDERICK W   | _  |                        |                 |  |                            |                 |
| STREET ADDRESS                           | ARROY THEREOF DB  |  | 2                      | T ADDRESS       |  |                            |                 |
| CITY-ST-ZIP                              | JACKSONVILLE FL   |  | 1,4 CITY-S             | Ì               |  |                            | _               |
| TITLE                                    | DS DS   | ☐ DELETE   | 2.1 TITLE              |                 |  | Change                     | Addition        |
| NAME                                     | MACK, VIRGINIA  |  | 2.2 NAME               |                 | •  |                            |                 |
| STREET ADDRESS                           | 3487 SANDBURG RD.   |  | 2.3 STREE              | T ADDRESS       |  |                            | ļ               |
| CITY-ST-ZIP                              |   |  | 2. 4 CITY-5            | ST-ZIP          |  |                            |                 |
| TITLE                                    | DV  | DELETE 3.11  |                        |                 | <del>-</del>   | Change                     | ☐ Addition      |
| NAME                                     | MACK, RAYBON W  |  | 3.2 NAME               | l               |  |                            |                 |
| STREET ADDRESS                           | OLEN DOGE DD  |  | 33 STREE               | TADDRESS        |  |                            | ļ               |
| CITY-ST-ZIP                              | JACKSONVILLE FL 32211   |  | 3,4. CITY-5            | ST-ZIP          |  |                            |                 |
| TITLE                                    |   | ☐ DELETE   | 4.1 TITLE              |                 |  | Change                     | ☐ Addition      |
| NAME                                     |   |  | 4. 2 NAME              |                 |  |                            |                 |
| STREET ADDRESS                           |   | •  | 4.3 STREE              | TADDRESS        |  |                            |                 |
| CITY-ST-ZIP                              |   |  | 4.4 CITY-S             | iT-ZIP          |  |                            | _,              |
| TITLE                                    |   | ☐ DELETE   | 5.1 TITLE              |                 |  | Change                     | ☐ Addition      |
| NAME                                     |   |  | 5.2 NAME               |                 |  |                            |                 |
| STREET ADDRESS                           |   |  | 5.3 STREE              | TADDRESS        |  |                            |                 |
| CITY-ST-ZIP                              |   |  | 5.4 CITY-S             | ST-ZIP          |  |                            |                 |
| TITLE                                    |   | ☐ DELETE   | 61 TITLE               |                 |  | Change                     | Addition        |
| NAME                                     |   |  | 6.2 NAME               |                 |  |                            |                 |
| STREET ADDRESS                           |   |  | 6.3 STREE              | T ADDRESS       |  |                            |                 |

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 of 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 employees 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 attagniment with an applears, with all their like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OFFICER OR DIRECTOR