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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000002660**

1. Corporation Name

MINGO	CONTRACTING, INC.					
Principal Pta	ace of Business	Mailing Address		I (AD)(SA) tre tant alatt abitt parit abitt abitt	METIC LIBER DISIA	Blist abit 1883
8820 OAK STREET 8820 OAK STREET RIVERVIEW FL 33569				DO NOT WRITE IN THIS	SPACE	_
				3. Date incorporated or Qualifed 01/05/1994		
2. Principal	Place of Business	2a. Mailing Address		4, FEI Number	App	lied For
21		26		59-3233948		Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & St	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	□No
24	25	29 30	<u> </u>	Personal Property Tax.		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
FH	INLE, STELLA			·		
733 W. LUMSDEN ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
BF	RANDON FL 33511		83			
1			84 City	FL	85 Zip C	ode
1					- 1	
office of	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was auth	iorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its r intment as reg	registered pistered
l office of	r registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth gations of, Section 607.0505, Florida	a Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its r intment as reg	registered pistered
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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 any address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

___ Addition