FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90090 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011452

1. Corporation Name

FLORIDA CONTRACTORS' CERTIFIED SCHOOL, INC.

Principal Place of Business Mailing Address						A 1001/1001 110 (Ditt dielt weit) ditt dent and man man man man man
918 S. WASHIN TITUSVILLE FL US		918 S. WASHINGTON AVE. TITUSVILLE FL 32780 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 00/07/4004
2. Principal Pl	2a. Mailing Address	Mailing Address			02/07/1994 4. FEI Number Applied For	
21		26				59-3226537 Not Applicable
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	Е	City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip		Country			8. This corporation owes the current year Intangible
24	25	29 30				Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		04	NI	10. Name and Address of New Registered Agent
CALE	DERWOOD, JOE			81	Name	
918	S. WASHINGTON AVE.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
TITU	SVILLE FL 32780					
				84	City	· FL 85 Zip Code
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s autnonzeo Florida Stati	o by utes	tne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	Ayei	it signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE		TLE		☐ Change ☐ Addition
NAME	CALDERWOOD, GIL		1.2 N/	AME		,
STREET ADDRESS			1.3 S	REE	ADDRESS	
CITY-ST-ZIP			1.4 C	TY-S	T-ZIP	
TITLE	PD DELETE 2.1T				☐ Change ☐ Addition	
NAME	CALDERWOOD, JOE		AME			
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 327802.		2,40	ITY-S	ST-ZIP	
TITLE		☐ DELETE	3.1 T/	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS	ADDRESS		3.3 S	3.3 STREET ADDRESS		}
CITY-ST-ZIP				3.4. CITY-ST-ZIP		57.1.11
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 S	TREE	TADORESS	
CITY-ST-ZIP					T- ZIP	□ Ch □ Addition
TITLE		☐ DELETE			Ì	☐ Change ☐ Addition
NAME			5.2 N			
SIRELI ADDRESS				TADDRESS		
CITY ST 7ID	1		5.4 C	ITY-S	T-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 tystee 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 of an attachment with an address, with an other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition