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Secretary of State
05-24-1999 90011 033 ***158.75

ANNUAL REPORT
1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044919 VOK

1. Corporation Name

ADVANCED CONSTRUCTION OF NAVARRE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5221 NAVARRE, FL 32566	P.O. BOX 5221 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 6/13/94

4. FEI Number 59-3275614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

~~8. This corporation owes the current year intangible~~ Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Tony Poland
2702 Tee Pee Rd
Navarre FL 32566

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TONY POLAND		1.2 NAME		
STREET ADDRESS	2702 TEEPEE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME			2.2 NAME	TIM FLEMMING	
STREET ADDRESS			2.3 STREET ADDRESS	2702 TEEPEE RD.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROB DERBY		3.2 NAME		
STREET ADDRESS	2702 TEEPEE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		3.4 CITY-ST-ZIP		
TITLE	S/T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TROY MCWILLIAMS		4.2 NAME		
STREET ADDRESS	2702 TEEPEE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	JEREMIAH WRIGHT	
STREET ADDRESS			5.3 STREET ADDRESS	2702 TEEPEE RD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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 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: [signature] 4/30/99 850-939-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tony Poland