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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046786

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90047 046 ***150.00

FRIELER	CONSTRUCTION, INC.												
Principal Place	o of Business		iling Address					1 111	INN IIO IOIIS DIBA OBII		PIESO BIIIS		
			2 24TH STREET										
5612 24TH STREET 5612 24TH STREET BRADENTON FL 34203 BRADENTON FL 34203													
DIRECTION 12 GROW								DO NOT WRITE IN THIS SPACE					
								3. Date Inco	rporated or Qualif	ed			
							ĺ	06/20/1	994				
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Numi				App	lied For
21		26						65-050	<u>4457 </u>			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5 Cortificate	of Status Desired		7		iditional
22		27						0. Corarodio			Fe	e Req	uired
City & State	e	<u></u>	City & State					6. Election (Campaign Financir	^{ng}			/lay Be
23		28						Trust Fur	d Contribution		Add	ded to	Fees
Zip	Country	<u> </u>	Zip		ountry			•	oration owes the c	urrent year Ir			٦
24	25	29		30					Property Tax.		Yes		□No
	9. Name and Address of Cu	urrent Regist	ered Agent		81	A 1		10. Name ar	d Address of Nev	w Registered	Agent		
SUP.	OFIELD, P A				61	Name							
	60TH AVENUE WEST				82	Street	Address	s (P.O. Box N	umber is Not Acce	eptable)			
	E 300				00								
	DENTON FL 34207				83								
DIVA	DENTON LE 34207				84	City					85	Zip Co	ode
										FI	<u>- </u>		 -
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the S	7.0502 and 60 State of Florida	7.1508, Florida St	atutes, the	above ed by	e-named the come	corpora oration's	ation submits t s board of dire	this statement for t actors. I hereby ac	he purpose o cept the appo	t changin sintment a	g its ri is reai	egisterea istered
agent I a	m familiar with, and accept the ol	bligations of	Section 607.0505.	Closido St	atutes	tile corp.	or account	o coura or and	, oto, o. , , , o. o. j. u.o.				
agent. La			000000,	Fiorida Su	aratos.	•							
Ü				Fiolida Su		•				_			
SIGNATURE	Signature, typed or printed name of registered	ed agent and title if	applicable. (N	IOTE Register	red Agen	_	required wh	hen reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registere	_	applicable. (N	OTE Register	red Agen	_	required wh		S/CHANGES TO				
SIGNATURE	Signature, typed or printed name of registere OFFICERS	ed agent and title if	applicable. (N	OTE Register	red Agen 3. TITLE	_	required wh		S/CHANGES TO		ND DIRE		RS IN 12
SIGNATURE	Signature, typed or printed name of registere OFFICERS VS FRIELER, GILBERT J	ed agent and title if	applicable. (N	1: 1.1	red Agen 3. TITLE NAME	t signature r		ADDITION		OFFICERS A			
SIGNATURE 12. TITLE	Signature, typed or printed name of registore OFFICERS VS FRIELER, GILBERT J 4064 VELARDE LANE	ed agent and title if	applicable. (N	1: 1.1	red Agen 3. TITLE NAME	_	561	ADDITION	n Street	East			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICERS VS FRIELER, GILBERT J 4064 VELARDE LANE SARASOTA FL 34235	ed agent and title if	applicable. (P	11.1 1.1 1.2 1.3 1.4	red Agen 3. TITLE NAME	t signature r	561	ADDITION		East	X Cha	nge	Addition
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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 trastee 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, by on an attachment with an address, with all other like empowered.

SIGNATURE: _

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

641)751-3636