

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 16, 1999 8:00 am
Secretary of State

03-16-1999 90127 046 ***158.75

DOCUMENT # P94000061698

1. Corporation Name

TOMBOY CONSTRUCTION, INC.

Principal Place of Business

6684-1 COLUMBIA PARK DR
JACKSONVILLE FL 32258
US

Mailing Address

6684-1 COLUMBIA PARK DR
JACKSONVILLE FL 32258
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

59-3258072

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

BIVINS, SUSAN
329 NO. ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name **Susan Bivins**

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

500B CR 13A South

83

84 City **Elkton**

FL

85 Zip Code
32033

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BIVINS, SUSAN M**
STREET ADDRESS **329 NORTH ROSCOE BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **V** ☐ DELETE
NAME **FORRESTER, WILLIAM B**
STREET ADDRESS **6471 RIVER POINT DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **TS** ☒ DELETE
NAME **FORRESTER, DIANE PAPPAS**
STREET ADDRESS **6471 RIVER POINT DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/T** ☒ Change ☐ Addition
12 NAME **Bivins, Susan M.**
13 STREET ADDRESS **500B CR13A South**
14 CITY-ST-ZIP **Elkton, Fl. 32033**

21 TITLE **V/S** ☒ Change ☐ Addition
22 NAME **Forrester, William B**
23 STREET ADDRESS **6471 River Point Drive**
24 CITY-ST-ZIP **Green Cove Springs, Fl.**

31 TITLE ☐ Change ☐ Addition
32 NAME **Delete**
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: Susan M. Bivins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

(904) 260-6511

Date

Daytime Phone #

CR2E034 (1/198)