

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra P. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067846 (3)✓
1. Corporation Name
CORAL BAY CONSTRUCTION, INC.

Principal Place of Business Mailing Address
12152 ELSTON STREET 12152 ELSTON STREET
SPRING HILL, FL 34609 SPRING HILL, FL 34609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11081 Fell St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 11081 Fell St. Suite, Apt. #, etc. 27	4. FEI Number 59-3270135 Applied For Not Applicable
City & State 23 Spring Hill, FL Zip 24 34609 Country 25 USA	City & State 28 Spring Hill, FL Zip 29 34609 Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BARTLETT, TRACY A.
12152 ELSTON STREET
SPRING HILL, FL 34609

10. Name and Address of New Registered Agent

81 Name Bartlett, Tracy A.
82 Street Address (P.O. Box Number is Not Acceptable)
10461 Calico Warbler Ave.
83
84 City Brooksville FL 85 Zip Code 34613

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 translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, STEVEN L.	1.2 NAME	Bartlett, Steven L.
STREET ADDRESS	12152 ELSTON STREET	1.3 STREET ADDRESS	10461 Calico Warbler Ave
CITY-ST-ZIP	SPRING HILL, FL 34609	1.4 CITY-ST-ZIP	Brooksville, FL 34613
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, WALTER L.	2.2 NAME	
STREET ADDRESS	1050 ABBOTT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34609	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, TRACY A.	3.2 NAME	Bartlett Tracy A.
STREET ADDRESS	12152 ELSTON STREET	3.3 STREET ADDRESS	10461 Calico Warbler Ave
CITY-ST-ZIP	SPRING HILL, FL 34609	3.4 CITY-ST-ZIP	Brooksville, FL 34613
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)