2004 FOR PROFIT CORPORATION ANNUAL REPORT

attacked

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOCUMENT # P94000068469 1. Entity Name BRISCOE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2841 SHOREVIEW DR 2841 SHOREVIEW DR NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEL Number Applied For 65-0520800 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 84.7 BRISCOE, THOMAS R 2841 SHOREVIEW DR Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34112 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Defete TITLE TITLE Change ☐ Addition BRISCOE, THOMAS R NAME NAME STREET ADDRESS 2841 SHOREVIEW DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition 200027489012 01/23/04--01015--016 **150.00 BRISODE, HARLEY NAME STREET ADDRESS 2836 GULFVIEW DRIVE STREET ADDRESS CITY - ST - ZIP NAPLES, FL 34112 CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete THILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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Division of Corporations

Annual Report

Page 1

Document Number
P94000068469
Business Entity Name
BRISCOE CONSTRUCTION, INC.

| FEI Number | 650520800 | | | |
|--------------------------------------|---|--|--|--|
| FEI Number Status | C Applied For C Not Applicable Current | | | |
| Certificate of Status Do | esired C Yes No \$8.75 each | | | |
| | 1.01 | | | |
| | rincipal Place of Business | | | |
| Address | 2841 SHOREVIEW DR | | | |
| Suite, Apt. #, etc. | - | | | |
| City, State | NAPLES , FL | | | |
| Zip Code & Country | 34112 US | | | |
| | Mailing Address | | | |
| Address | 2841 SHOREVIEW DR | | | |
| Suite, Apt. #, etc. | | | | |
| City, State | NAPLES , FL | | | |
| Zip Code & Country | 34112 US | | | |
| Name And Address of Registered Agent | | | | |
| Name (Last, First, Middle, Title | BRISCOE THOMAS R | | | |
| -or-RA Business Name - | V 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | |
| Address | 2841 SHOREVIEW DR | | | |
| Suite, Apt. #, etc. | | | | |
| City, State | NAPLES , FL | | | |
| Zip Code & Country | 34112 US | | | |

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

| | | | |
|----------------------------|----|----|-------|
| Registered Agent Signature | 10 | 7u | - day |



Division of Corporations

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Document Number
P94000068469
Business Entity Name
BRISCOE CONSTRUCTION, INC.

Election Campaign Financing Trust Fund Contribution C Yes 6 No

Officer/Director Name And Address

| Title | PR | ies iden | 7 | |
|-----------------------------------|---------------|--|--|--|
| Name (Last, First, Middle, Title) | BRISCOE | THOMAS | R | The state of the s |
| -or- Entity Name | | | Mark Supergrave or supergrave species (1847). White | d out of the control |
| Street Address | 2841 SHOREVII | EW DR | | inercoate. |
| City, State | NAPLES | VIII VIII VIII VIII VIII VIII VIII VII | , FL | |
| Zip Code & Country | 34112 | | | • |
| Title | VP | | | |
| Name (Last, First, Middle, Title) | BRISODE | HARLEY | | 33.4 |
| -or- Entity Name | | | No. of the last of | |
| Street Address | 2836 GULFVIEW | W DRIVE | | |
| City, State | NAPLES | | , FL | |
| Zip Code & Country | 34112 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| -or- Entity Name | | | | |
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| Name (Last, First, Middle, Title) |) | | | |
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4 of 4

| Street Address | | | | |
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| City, State | , [| | | |
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| Name (Last, First, Middle, Title) | | | | |
| -or- Entity Name | | | | |
| Street Address | | | | |
| City, State | , | | | |
| Zip Code & Country | | | | |
| An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block. Title Officer/Director Signature Tom R. Briscoe Continue Reset Start:Over | | | | |
| | STATE OVER | | | |

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