

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90001 041 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000077404**

1. Corporation Name

**JADE CONSTRUCTION (SARASOTA) INC.**



Principal Place of Business 5560 BEE RIDGE ROAD D-2 SARASOTA FL 34233 US	Mailing Address 5560 BEE RIDGE ROAD D-2 SARASOTA FL 34233 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/21/1994**

2. Principal Place of Business 21 <b>1899 PORTER LAKE DR</b>	2a. Mailing Address 26 <b>1899 PORTER LAKE DR</b>
Suite, Apt. #, etc. 22 <b>101</b>	Suite, Apt. #, etc. 27 <b>101</b>
City & State 23 <b>SARASOTA FL</b>	City & State 28 <b>SARASOTA FL</b>
Zip 24 <b>34240</b>	Zip 29 <b>34240</b>
Country 25 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>

4. FEI Number

**65-0530666**

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLES, ANDREW M**  
**5560 BEE RIDGE ROAD**  
**SUITE D-2**  
**SARASOTA FL 34233**

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

*A.H. Coles*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/31/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLES, ANDREW M</b>	1.2 NAME	
STREET ADDRESS	<b>5560 BEE RIDGE ROAD SUITE D-2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLES, JASON D</b>	2.2 NAME	
STREET ADDRESS	<b>5560 BEE RIDGE RD SUITE D-2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOMACK, GEORGE H.</b>	3.2 NAME	
STREET ADDRESS	<b>5560 BEE RIDGE RD SUITE D-2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	3.4 CITY-ST-ZIP	
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)(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.

SIGNATURE:

*A.H. Coles*  
**RE REQUIRED**

**8/31/99**

**(941) 378-8990**

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CR2E034 (5/99)