Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90033 039 ***150.00

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

DOCUMENT # P94000078478

1. Corporation Name

O.N.E. C	CONSTRUCTION, INC.						
Principal Place	e of Business	Mailing Address			- 1 (80)(40) (10 10)) BIRT BRIT BRIT BRIT BRIT BRIT BRIT BRIT	99W1 (\$111 B)B	(ABB) (B) (AB)
25272 CATSKILL DR. BONITA SPRINGS FL 34135 US 25272 CATSKILL DR. BONITA SPRINGS FL 34135 US US					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
					10/24/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	_ Ap	plied For
21 26					65-0540906	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	T	Additional equired
City & State City & State			and the second s		6. Election Campaign Financing Trust Fund Contribution	•	May Be
23∫ Zip	Zip Country Zip			,	This corporation owes the current year Int Personal Property Tax.	angible	
24	9. Name and Address of Current				10. Name and Address of New Registered		
5. Maine and Address of Current Registered Agent				Name			
TAYLOR, LESLIE M 25272 CATSKILL DR. BONITA SPRINGS FL 33923			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	' '	FL		Code 135
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligation	r Fiorida. Such change was aumon	izeu by	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as re	egistered
	Signature, typed or printed name of registered agent		tered Age 13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
TITLE			,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
NAME			2 NAME	İ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			.4 CFTY-5	ST-ZIP			
TITLE			.1 TITLE			☐ Change	☐ Addition
NAME	TATEON, MOTIVIO		.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4 CITY-	ST-ZIP		Change	Addition
TITLE			1.1 TITLE			_ ⊃nango	
NAME		Į.	L2 NAME	T ADDRESS			
STREET ADDRESS		<u> </u>	3.4. CITY+			•	ļ
CITY-ST-ZIP			I.1 TITLE	<u> </u>		Change	Addition
NAME		4	I. 2 NAME				
STREET ADDRESS		4	.3 STREE	TADORESS			
· CITY-ST-ZIP		4	A CITY-5	ST-ZIP		- <u></u> -	
TITLE		•	5.1 TITLE			☐ Change	☐ Addition
NAME			2 NAME				
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-5 5.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE	1	1.1 DELETE S		1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP