FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90142 044 ***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

1. Corporation	MENT # P94000 CONSTRUCTION, INC.	079683						
Principal Place	of Business	Mailing Address				(1001/100) 1/8 (01/1 010) 18/1/ 60/1/ 00/1/ 00/1/ 00/1/ 18/10 18/10 01/1/ 18/14	1111 1681	
18420 POWELL		18420 POWELL ROAD				·		
BROOKSVILLE FL 34609 BROOKSVILLE FL 34609			9	DO NOT WOITE IN THE SPACE				
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						10/28/1994		
2 Dringing Di	nes of Business	2a. Mailing Address				4. FEI Number Applied For		
2. Principal Place of Business		26					plicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addit	tional	
22		27				5. Certificate of Status Desired	ed	
City & State)	City & State				6. Election Campaign Financing \$5.00 May		
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No		
24	25	29	30			Personal Property Tax. Yes 10. Name and Address of New Registered Agent	10	
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registered Agent		
FUTRELL, JAMES D 12221 BLUEFIELD ST SPRING HILL FL 34609-2904				82 83		oddress (P.O. Box Number is Not Acceptable)		
				84	City	corporation submits this statement for the purpose of changing its registration based of directors. I berefy accept the appointment as registration		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (N	NOTE: Registered	d Agent		opporation's board of directors. I hereby accept the appointment as register		
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition	
TITLE	D FUTDELL IAMES D	L VELETE		ITLE				
NAME	OTTIELE, OTTINEO D		NAME					
STREET ADDRESS	TOTAL DESIGNATION OF			ADDRESS				
CITY-ST-ZIP				CITY-ST	-ZIP	☐ Change [Addition	
TITLE				NAME		- · ·	_	
NAME					ADDRESS		;	
STREET ADDRESS				CITY-SI			· .	
CITY-ST-ZIP TITLE				TITLE	I-ar	Change [Addition	
NAME		_		VAME			1	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	1			
TITLE		☐ DELETE 4.		4.1 TITLE		☐ Change	Addition (
NAME			4.21	NAME				
STREET ADDRESS			4.3 5	STREET	ADDRESS			
CITY-ST-ZIP			4.4.0	CITY-ST	r-ZIP			
TITLE		☐ DELETE		TITLE	_	Change [Addition	
NAME				NAME	ŀ			
STREET ADDRESS			5.3 5	STREET	ADDRESS			
CITY-ST-ZIP				CITY-ST	Γ- ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	Addition	
NAME				NAME				
STREET ADDRESS			6.3 5	STREET	ADDRESS			

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 or hanged, or often attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: