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



Katherine Harris

FILE NOW: FILING FEE A	FTER MAY 1ST IS \$55	FILED	01503		
PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT Katherine Har Secretary of Sta DIVISION OF CORPOR	ris te	May 03, 1999 8:00 am Secretary of State 05-03-1999 90108 014 ***150.00		
DOCUMENT # P94000 1. Corporation Name SIDEBOTTOM & SON CONSTRUCTI					
Principal Place of Business 5 W PLAZA DEL SOL	Mailing Address				
SLAMORADA FL 33036— ISLAMORADA FL 39996.			DO NOT WRITE IN THIS SPACE		
120] ANE GREY CK DR	Pa Box 70	7	3. Date Incorporated or Qualifed]	
LONG Key FLA 33030		ZA 33001	11/10/1994	4	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
1	26		65-0536120 Not'Applicable	4	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required		
City & State	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing S5.00 May Be	7	
3	28		Trust Fund Contribution Added to Fees		
Zip Country		untry	8. This corporation owes the current year Intangible		
4 25	29 30		Personal Property Tax.		
9. Name and Address of Current		1	10. Name and Address of New Registered Agent		
		81 Name			
SIDEBOTTOM, WESLEY E.				4	
75-W. PLAZA DEL SOL		82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
ISLAMORADA FL 33036.	3 W ND	83		7	
1203ANE GREY	CK. DR			_	
LONG Key, 7	-LA . 33001	84 City	FL 85 Zip Code		
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida. Such change was authorize ions of, Section 607.0505, Florida Stat	above-named corporation tutes.	pration submits this statement for the purpose of changing its registered as board of directors. I hereby accept the appointment as registered		
SIGNATURE WESLEY SIDER	ottom DRES . 2	10 sleet	4-13-99	-	

agent. I a	n familiar with, and accept the obligations of, Section 607.0505, Florida	Statutes.	A 11/1/	7	
SIGNATURE	Wesley SiDEBOTTOM DRES.	2/25/29	regdired when reinstating DATE	-13-9	79
12. ,->	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	DP □ DELETE	1.1 शाLE		☐ Change	☐ Addition
NAME	SIDEBOTTOM, WESLEY E. 1203 AND GREY CO	EX EME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP A	ISLAMORADA FL LONG Key, FLORIBA	1.22.20			
ππE	DST DELETE	2.1 TITLE		Change	☐ Addition
NAME /	SIDEBOTTOM, FRANCES D. 1203 ANE GREY CK. D. 1203 ANE GREY CK. D. 1203 ANE GREY CK. D. 1203 ANE GREY FLAT. ISLAMORABA FL. LONG Key, FLAT. 330	2.2 NAME			
STREET ADDRESS	75 W. PLAZA DEL SOL	2.3 STREET ADDRESS			
CITY+ST-ZIP	ISLAMORABA-FL AONG 19 330	⊘ ¢TY-ST-ZIP			
TITLE	DV DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	SIDEBOTTOM, WILLIAM	3.2 NAME			,
STREET ADDRESS	120 ZANE GREY CREEK DRIVE	3.3 STREET ADDRESS			
CITY-ST-ZIP	LAYTON FU	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4.		-
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	, ,	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	·		}
CITY-ST-ZIP		5.4 CITY-ST-ZIP			_ <u></u>
TITLE	DELETE	6.1 TITLE		☐ Change	☐ 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, with all other like empowered.