

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

FILED
Apr 26 1999 8:00 am
Secretary of State

DOCUMENT # P94000093504

1. Corporation Name
KOLBE CONSTRUCTION SERVICES, INC.



Principal Place of Business
**1819 MAIN ST
5TH FLOOR
SARASOTA FL 34236**

Mailing Address
**1819 MAIN ST
5TH FLOOR
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **391 Interstate Blvd**
Suite, Apt. #, etc.
22
City & State
23 **Sarasota FL**
Zip Country
24 **34240** 25 **US**

2a. Mailing Address
26 **391 Interstate Blvd**
Suite, Apt. #, etc.
27
City & State
28 **Sarasota FL**
Zip Country
29 **34240** 30 **US**

3. Date Incorporated or Qualified
12/27/1994

4. FEI Number
65-0555055 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 Tax. Yes No

9. Name and Address of Current Registered Agent
**KOLBE, TODD A
1819 MAIN ST
5TH FLOOR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name **Kolbe, Todd A**
82 Street Address (P.O. Box Number is Not Acceptable)
391 Interstate Blvd
83
84 City **Sarasota** 85 **FL** Zip Code **34240**

11. Pursuant to the provisions of Sections 607.0501 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: **Todd Kolbe** **Aaron Kolbe** **4-6-99**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	KOLBE, TODD A	
STREET ADDRESS	1819 MAIN ST 5TH FL	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kolbe, Todd A	
1.3 STREET ADDRESS	391 Interstate Blvd	
1.4 CITY-ST-ZIP	Sarasota, FL 34240	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kolbe, Joe	
2.3 STREET ADDRESS	391 Interstate Blvd	
2.4 CITY-ST-ZIP	Sarasota, FL 34240	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(1)(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.

SIGNATURE: **Todd Kolbe** **Joseph Kolbe** **4-6-99** **941-342-0356**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)