

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 FL 85 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 A 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
KOLBE, TODD A
1819 MAIN ST 5TH FL
SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPS
Kolbe, Todd A
391 Interstate Blvd
Sarasota, FL 34240

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Kolbe, Joe
391 Interstate Blvd
Sarasota, FL 34240

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 A Kolbe Joseph D Kolbe 4-6-99 941-342-0356
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)