

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90261 004 ***150.00

DOCUMENT # P95000002087

1. Corporation Name

LEGEND CONTRACTING, INC.

Principal Place of Business

8657 E MARVIN ST
FLORAL CITY FL 34436
US

Mailing Address

8657 E MARVIN ST
FLORAL CITY FL 34436
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

59-3296228

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

2. Principal Place of Business

21 8300 S. ROCK PT.
Suite, Apt. #, etc.

22 FLORAL CITY, FL
City & State

23 34436 USA
Zip Country

24 25

2a. Mailing Address

26 8300 S. ROCK PT.
Suite, Apt. #, etc.

27 FLORAL CITY, FL
City & State

28 34436
Zip Country

29 30

9. Name and Address of Current Registered Agent

WIESNER, ERIC
6770 SOUTH SHADY VIEW POINT
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

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 D
NAME WIESNER, ERIC
STREET ADDRESS 6770 SOUTH SHADY VIEW POINT
CITY-ST-ZIP FLORAL CITY FL 34436 ☐ DELETE

TITLE D
NAME WIESNER, CINDY
STREET ADDRESS 6770 SOUTH SHADY VIEW POINT
CITY-ST-ZIP FLORAL CITY FL 34436 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Eric Wiesner
1.3 STREET ADDRESS 8300 S. ROCK PT.
1.4 CITY-ST-ZIP FLORAL CITY, FL 34436 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME CINDY WIESNER
2.3 STREET ADDRESS 8300 S. ROCK PT.
2.4 CITY-ST-ZIP FLORAL CITY, FL 34436 ☒ Change ☐ Addition

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(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)