


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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90022 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024037

1. Corporation Name
DAVID RICE CONSTRUCTION, INC.



Principal Place of Business 4609 DEWEY DRIVE NEW PORT RICHEY FL 34652	Mailing Address 4609 DEWEY DRIVE NEW PORT RICHEY FL 34652
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 409 Orchid Lane Suite, Apt. #, etc. 22		2a. Mailing Address 26 409 Orchid Lane Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/01/1995	
23 Palm Harbor FL City & State 24 34683 Zip Country 25 Pinellas		28 Palm Harbor FL City & State 29 34683 Zip Country 30 Pinellas		4. FEI Number 59-3295638 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent RICE, DAVID 4609 DEWEY DRIVE NEW PORT RICHEY FL 34652				10. Name and Address of New Registered Agent 81 Name David Rice 82 Street Address (P.O. Box Number is Not Acceptable) 409 orchid lane 83 84 City Palm Harbor FL 85 Zip Code 34683			
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*Same agent
 new address*

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 *David Rice*

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME P RICE, DAVID STREET ADDRESS 4609 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE P 1.2 NAME Rice, David 1.3 STREET ADDRESS 409 orchid lane 1.4 CITY-ST-ZIP Palm Harbor FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME RICE, CYNTHIA STREET ADDRESS 4609 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE T 2.2 NAME Rice, Cynthia 2.3 STREET ADDRESS 409 orchid lane 2.4 CITY-ST-ZIP Palm Harbor FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Rice* President

4-6-99 (727) 992-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02024 (11/98)