Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90054 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027967

1. Corporation Name

C R & SONS CONTRACTORS, INC.

				_					
Principal Place	e of Business	Ma	ailing Address				1,281,281 (18 1818) 8111 8111 8111		
9715 BRADEN RUN P.O. BOX 7761 BRADENTON FL 34202 SARASOTA FL 34278 US US							DO NOT WRITE IN	THIS SPACE	
US		03					3. Date Incorporated or Qualifed 04/05/1995		
2. Principal P	lace of Business	2a.	Mailing Address	_			4. FEI Number	Apr	olied For
21			26				59-3310036	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 A	dditional
22			7				5. Certifcate of Status Desired	Fee Red	quired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added to	Fees
Zip	Country		Zip	Country	' .		8. This corporation owes the current year		
24	25	29		30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Regis	tered Agent		T 6.5		10. Name and Address of New Registe	red Agent	
111-	DD CADLA			81	Name	₹			
WEBB, CARL A					Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
9715 BRADEN RUN									
BRA	DENTON FL 34202			83					
	•			84	City			85 Zip C	ode
					,			FL	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	a of Florid	ia. Such change was a	uthorized by	the cor	d corpo poratior	ration submits this statement for the purpor n's board of directors. I hereby accept the a	se of changing its appointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered eg	ent and title	if applicable (NOTE	· Registered Age	nt signatur	e required	when reinstating) OAT	ſE	i
12,	OFFICERS A		***	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DP		☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	WEBB, CARL A		•	1.2 NAME					
STREET ADDRESS	CTAT BRADEN CUM			1.3 STREE	TADDRES	s			
CITY-ST-ZIP	BRADENTON FL 34202			1.4 CITY-5	iT-ZIP			•	
TITLE	DVS		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	YODER, VERNON R			2.2 NAME			·		
STREET ADDRESS	AAAA WOODINGADOW LOOD			2.3 STREE	T ADDRES	s			
CITY-ST-ZIP	BRADENTON FL 34202			2. 4 CITY-					
TITLE	BIOLETTON 1 E OLEGE		☐ DELETE	3.1 TITLE	J. 2			☐ Change	☐ Addition
NAME				3.2 NAME	-	-			
STREET ADDRESS			•	3.3 STREE	TADDRES	s			Į.
CITY-ST-ZIP				3.4. CITY-		-			
TITLE			☐ DELETE	4.1 TITLE		1		☐ Change	☐ Addition
NAME			•	4, 2 NAME					
STREET ADDRESS	f				TADDRES	s			
\				4.4 CITY-5		-			
CITY-ST-ZIP TITLE	<u> </u>		☐ DELETE	5.1 TITLE		+		☐ Change	☐ Addition
NAME				5.2 NAME					,
STREET ADDRESS				5.3 STREE	TADDRES	s			
1	•			5.4 CITY-5					
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE		+		☐ Change	Addition
NAME	(6.2 NAME					
STREET ADDRESS	}			6.3 STREE	TADDRES	s s			
	'1					1			

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 comporation of 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 73 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP