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**

DOCUMENT # P9500030247

1. Corporation Name

JOHN VANDER KOOI CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address	-				
5924 COMMERCE RD MILTON FL 32583 US		5924 COMMERCE ROAD MILTON FL 32583 US		DO NOT WRITE IN THIS SPACE			
•		U			3. Date Incorporated or Qualifed 04/13/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	L A	pplied For
21		26			59-3309587	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24 25 29		29 30	30		Personal Property Tax. X Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
	d, J. Steven N Palafox St		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PENS	SACOLA FL 32501		83				
			84			·L	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autho	nzed by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
SIGNATURE					pired when reinstation) DATE		—— \
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg	13.	n signature requ	DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P	DELETÉ	1.1 TITLE			☐ Change	☐ Addition
	•		1.2 NAME				
NAME	VANDER KOOI, JOHN W 4706 BAYSIDE BLVD			ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MILTON FL.	DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		☐ Change	Addition
TITLE			2.2 NAME		,		_
NAME	Vander Kooi, Joan R. 4706 Bayside Blvd	ľ		ADDRESS			
STREET ADDRESS			2.4 CITY-5	1			1
CITY-ST-ZIP			3.1 TITLE	11-71F		Change	Addition
TITLE	_		3.2 NAME	ļ			
NAME			3.3 STREE	r anningess			
STREET ADDRESS		:	3.4. CITY-9				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1-20		☐ Change	☐ Addition
			4. 2 NAME				
NAME				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-21-		Change	☐ Addition
		<u> </u>	5.2 NAME				
NAME STREET ADDRESS				TADDRESS			
]		5.4 CITY-S	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE	1		6.2 NAME	1		_	
NAME STREET ADDRESS				TADORESS			
STREET ADDRESS	I						

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

QUITOAN VANDER KOOI

May 06, 1999 8:00 am Secretary of State

05-06-1999 90281 036 ***150.00