## 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 # **P95000042733**1. Corporation Name

SIL BATTEN CONSTRUCTION COMPANY

## Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90120 037 \*\*\*150.00



FEINUMBEY 59-3355166 Principal Place of Business Mailing Address								
Principal Place of Business 7114 RAVENNA AVENUE ORLANDO FL 32819		Mailing Address 7114 RAVENNA AVENUE ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed     06/01/1995		
2. Principal P	ace of Business	2a. Mailing Address					lied For	
11		26				59-3079191 · Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	ditional	
22		27				5. Certificate of Status Desired  Fee Req	uired	
City & State		City & State	¬ '			6. Election Campaign Financing  - Trust Fund Contribution  \$5.00 N Added to	, ,	
Zip	Country 25	Zip 29	30	ountry		This corporation owes the current year Intangible     Personal Property Tax.	□No	
24	9. Name and Address of Curren			$\neg \neg$		10. Name and Address of New Registered Agent	<del></del>	
	J. Hame and Address of Correct	it (togiotorou / igent		81	Name			
BATTEN, SYLVESTER 7114 RAVENNA AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32819			83				
				84	City	FL 85 Zip C	ode	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	was authoriz 05, Florida St	ed by atutes	the corporat	poration submits this statement for the purpose of changing its r ion's board of directors. I hereby accept the appointment as reg	egistered istered	
	Signature, typed or printed name of registered agen	The state of the s			t signature requir	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	- 7 20 IN 12	
12.	OFFICERS AN	ID DIRECTORS	1: TE 11	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition	
TITLE	BATTEN, SYLVESTER			NAME				
NAME	TALL DALIESTALA ALIENTIE				ADDRESS		!	
STREET ADDRESS	ORLANDO FL				i		\ '	
CITY-ST-ZIP	VS	☐ DELE		CITY-S	1-212	☐ Change	Addition	
TITLE	· •		1	NAME			_	
NAME	Service and the service and th			T ADDRESS				
STREET ADDRESS	ORLANDO FL			4 CITY+S				
CITY-ST-ZIP TITLE	M	☐ DELI		TITLE	01-24	Change	☐ Addition	
NAME	BATTEN, MICHAEL	<del></del>		NAME				
STREET ADDRESS	7114 RAVENNA AVENUE		1		T ADDRESS		1	
CITY-ST-ZIP	ORLANDO FL			. CITY-S			1	
TITLE	OTIO WIDO TE	☐ DELE		TITLE	,1-21	☐ Change	Addition	
NAME			4	2 NAME			-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4	CITY-S	T-ZIP			
TITLE		☐ DELI		1 TITLE		Change	☐ Addition	
NAME.			5.2	NAME		•		
STREET ADDRESS			5.3	STREE	T ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			
TITLE		☐ DELI	ETE 6	TITLE		☐ Change	Addition	
NAME			6.2	2 NAME			-	
STREET ADDRESS			6.3	STREE	ADORESS			
				CITY 6	T 7ID		ſ	

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:

-24-99/407-351-4162