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

Mailing Address

1015 ATLANTIC BLVD. SUITE 240

ATLANTIC BEACH FL 32233

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000049103

Principal Place of Business 1015 ATLANTIC BLVD.

SUITE 240

PHOENIX CONSTRUCTION MANAGEMENT, INC.

ATLANTIC BEAC	CH FL 32233	ATLANTIC BEACH FL 32233				DO NOT WRITE IN THIS SPACE					
					3. D	3. Date Incorporated or Qualifed					
					0	6/22/	1995				
2. Principal P	lace of Business	2a. Mailing Address			4. F	El Nur 1	ber			App	ed For
21		26			N	<u>NOT A</u>	PPLICABLE				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Cortifoa v	e of Status Desired				Iditional
22		27			5. C	Jeruica e	of Status Desired		F	ee Req	uired
City & Stat	e	City & State			6. E	Election	Campaign Financing		\$5	.00 N	lay Be
23		28			т	rust Fur	nd Contribution		Ac	lded to	Fees
Zip	Country	Zip	Countr	у	8, T	his corp	oration owes the curr	ent year lut	angible		
24	25	29	30		P	Personal	Property Tax.		☐ Ye	s []No
	9. Name and Address of Current		<u> </u>		10. N	Name ar	nd Address of New F	Registered	Agent		
			81	Name							
LEIN	ENWEBER, MICHAEL F		_	1	- 						
	OCEAN FRONT		82	Street A	ddress (P.C	J. Box \	lumber is Not Accepta	ibie)			
	TUNE BEACH FL 32233		83	83							
- 16-1			"								
			84	City				FI	85	Zip Co	:de
				<u> </u>			41-1		•	na ita r	gictored
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 ∋nd 607.1508, Florida Statut∶ St Florida, Such change was a:	es, the above	re-named corpora	orporation s accors boar	submits rd of dir	this statement for the ectors. I hereby accer	purpose cr of the appoi	cnangi ntment	ng its ri as regi	: gistered ::tered
agent. I a	m familiar with, and accept the obligati	icns of, Section 607.0505, Flo	ida Statute	S.			, ,	• •			
SIGNATURIE											
OIGHATORIS	Signature, typed or printed nan e of registered agent	t and title if applicable (NOTE	Registered Age	ent signature req				DATE			
12.	OFFICERS AND		13.		AD	DDITION	NS/CHANGES TO OF	FICERS AN			
TITLE	P	☐ DELETE	1.1 TITLE	İ					Ch	ange	Addition
NAME	LEINENWEBER, MICHAEL F		1.2 NAME								
STREET ADDRESS	312 OCEAN FRONT		1.3 STREE	TADORESS							
CITY-ST-ZIP	NEPTUNE BCH. FL 32266		1.4 CITY-	ST-ZIP							
TITLE	V	☐ DELETE	2.1 TITLE						Ch	ange	☐ Addition
NAME	LEINENWEBER, ROBERT R		2.2 NAME	[
	312 OCEAN FRONT			TADORESS							
STREET ADDRES S	NEPTUNE BCH. FL 32266		2.4 CITY-								
CITY-ST-ZIP	NEPTUNE DUN. FL 32200	□ DELETE	3.1 TITLE	51-ZIP					T] Ch	ange -	Addition
TITLE			3.2 NAME	į					_	•	=
NAME											
STREET ADDRES S				TADDRESS							
CITY-ST-ZIP			3.4, CITY-	ST-ZIP					□ ch	2000	Addition
TITLE		☐ DELETE	4 1 TITLE							ariye	
NAME			4. 2 NAME	1							
STREET ADDRES S			4 3 STREE	ET ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	51 TITLE						□ Ct	ange	Addition
NAME			5.2 NAME								
STREET ADDRES S			5.3 STREE	ET ADDRESS							
CITY-ST-ZIP			5.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						□ Ch	ange	☐ Addition
NAME		_	62 NAME								
				T ADDRESS							
STREET ADDRES S			0.5 O I KE								

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 director of the corporation or director o

SIGNATURE:

03-31-99

904-246-9376

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90123 036 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)