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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # P9500061485

Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

D.W. ORD CONSTRUCTION, INC.

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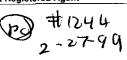
Zip

9. Name and Address of Current Registered Agent

Country

ORD, DAN W 4345 COQUINA DRIVE JACKSONVILLE FL 32250

25



Suite, Apt. #, etc.

City & State

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90066 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

08/07/1995 4. FEI Number

59-3331432

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

		1					
				FL 85 Zip Code			Code
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							}
0.0.0.0	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	Registered Age	nt signature	required when reinstating)	DAT		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/C	HANGES TO OFFICER		
TITLE	PD DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	ORD, DAN W	1.2 NAME					]
STREET ADDRESS	4345 COQUINA DRIVE	1.3 STREE	T ADDRESS				[
CITY-ST-ZIP	JACKSONVILLE FL 32250	1.4 CITY-5	T-ZIP				
TITLE	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME		2.2 NAME					1
STREET ADDRESS		2.3 STREE	TADDRESS				. {
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TITLE	DELETE	3.1 TITLE				Change	Addition
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NAME		6.2 NAME					
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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							

Country

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ph

R2E034 (11/98)