## 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 # P95000068721

1. Corporation Name

STURGIS CONSTRUCTION CORP.

Principal	Place of	Business					

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90055 042 \*\*\*158.75



0206 Tranquil en DDESSA FL 33556	10206 TRANQUIL LN ODESSA FL 33556		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 09/01/1995	
2. Principal Place of Business 1 320 W. FLETCHER AVE	2a. Mailing Address 26 10206 TRANQUIL	·W	4. FEI Number 65-0608796	Applied For Not Applicable
Suite Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  3 TAMPA FL	City & State 28 ODESSA FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 33612 25 U.S		untry US	This corporation owes the current year to Personal Property Tax.	Intangible ☑ Yes <b>ᡌ</b> No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
GLUCK, THOMAS		81 Name		
10206 TRANQUIL LANE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ODESSA FL 33556		83		
		84 City	F	<del>-</del>
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	e of Florida. Such change was authorize	id by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable (NOTE: Re	gistered Agent signature r	equired when reinstating)	DATE	
	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
12.	D CHICERS AND BIREST	DELETE	1.1 TITLE	7,0017,0110,000	☐ Change	☐ Addition
NAME	GLUCK, THOMAS		1.2 NAME			
STREET ADDRESS	10206 TRANQUIL LN		1.3 STREET ADDRESS	·		
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	GLUCK, THOMAS		2.2 NAME	· ·		
STREET ADDRESS	10206 Tranquil Lane		2.3 STREET ADDRESS			
-CITY-ST-ZIP	-ODESSA FL		2.4 CITY: ST-ZIP:			
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	SECRETARY	_ Change	Addition
NAME · ·	LAURA WHITLEY		3.2 NAME	LAURA WHITLEY 10206 TRANQUIL LANG	•	
STREET ADDRESS	10206 TRANQUIL LANE		3.3 STREET ADDRESS	16206 TYZADGOIC 51115	<del>-</del>	
CITY-ST-ZIP	ODESSA FL 33556		3.4. CITY-ST-ZIP	ODESSA FL 33566	<u> </u>	
TITLE		☐ DELETE	4.1 TΠ.Ε		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			TAIPE
TITLE	· ·	□ DELETE	5.1 TITLE		Change .	☐ Addition
NAME .			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			l
CITY-ST-ZIP			5.4 CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * * *	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	,		6.2 NAME			i
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 of 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: