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

PRINCIPAL PLACE OF Business

THE CONSTRUCTION CONCEPTS, INC. TO SOUTH WEST OF SOUTH WE DOCUMENT # P95000070752 1. Corporation Name

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

04-29-1999 90251 046 ***150.00



Principal Place	e of Business		Mailing Address				1 19811981		WELL		
6208 17TH STREET EAST			6208 17TH STREET EAST								
BRADENTON FL 34203		BRADENTON FL 34203				DO NOT WRITE IN THIS SPACE					
						3. Date	e Ir corporated or Qua	ifed			1
						09/	/13/1995				
2. Principa Place of Business 2a. Mailing Address			1.01			Number		Aş	pplied For]	
21 IIK KAPHHEL Y 128 IIKKAR			26 /12 KAPOLY	1981 Pl.		65-	-06:13697		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 Cer	rtifc.ite of Status Desire	ed 🗍	•	Additional	
22 27						3 . 3 .				ec uired	1
City & S ate CT 23 NOKOMIS, FL 28 NOK				$ \gamma $	VIS, F	/	ctio - Campaign Finan st Fund Contribution	cing		May Be tc Fees	
_ zip_ 11	7 Cou	nty CD	- Zip 1/2/7 ET	_			s or rporation owes the	current year in		\mathbf{A}	
24 J 70	X (5) 25	$U \supset IY$		30	μ		sor al Property Tax. me and Address of N	Dagistarad	Yes	<u> </u>	4
	9. Name and Add	dress of Current F	Registered Agent		81 Name	Tu. Nar	me and Address of N	ew registereu	Agent 2		1
MCGINNESS, W L					- Name						
1800 SECOND STREET					82 Street Acc	dress (P.O. f	Box Number is Not Ac	ceptable)			
SUITE 750					83						1
SARASOTA FL 34236]
					84 City			FL	85 Zip	Code	
11 Pursuant t	to the provisions of S	ections 607 0502	and 607.1508, Florida Statute	s, the a	bove-named ccr	rporation sub	bmils this statement fo	the purpose of	changing its	r əgistered	1
office or re	egistered agent, or bo	oh, in the State of	Florida. Such change was au ns of, Section 607.0505, Flori	thorize	d by the corporat	tion's board	of cirectors. I hereby a	iccept the appoi	ntment as re	eg stered	
SIGNATURE	Signature, typed or printed in	a ne of registered acent a	nd title if applicable (NOT :-	Registere	d Agent signature requ	red when reinstal	oting)	DATE -			1 =
12.	orginature, typed or printed in	OFFICERS AND		13.			ITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	OFIS IN 12] 8
TITLE	PS	-	☐ DELETE	1.1 T	ITLE				Change	☐ Addition	(11/98)
NAME	LANGER, ERIC			1.2 N	AME						
STREET ADDRESS	136 GOLDEN GA	TE POINT APT	#8	1.3 S	TREET ADDRESS						R2E034
CITY-ST-ZIP	SARASOTA FL 3	4236	1.	140	ITY-ST-ZIP						
TITLE	VT		DELETE	2.1 T	ITLE				Change	Addition	10
NAME	FURR, PAUL D			2.2 N	AME						
STREET ADDRE 3S	7756 EAGLE CR	eek dr.		2.3 S	TREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL			2.46	DITY-ST-ZIP						
TITLE			☐ DELETE	31T	ITLE				Change	Addition	
NAME				3.2 N	IAME						
STREET ADDRE IS				338	TREET ADDRESS				-	•	
CITY-ST-ZIP				3.4. (CITY-ST-ZIP					_	_
TITLE			☐ DELETE	4.1 T	ITLE				Change	Addition	
NAME				4,21	NAME						
STREET ADDRE IS				4.3 S	TREET ADDRESS						
CITY-ST-ZIP				4.4 C	ITY-ST-ZIP					_	
TITLE			☐ DELETE	51T	me				Change	Addition	
NAME				5.2 N	IAME						
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CITY-ST-ZIP				5.4 C	ITY-ST-ZIP						1
TITLE			☐ DELETE	6.1 T	ITLE				Change	Addition	1
NAME				6 2 N	IAME						
STREET ADDRE 3S				6.3 S	TREET ADDRESS						
CITY ST 71D			,	6.4 0	ITY-ST-ZIP						1

14. I hereby certify that the informat on supplied with this filing does not qualify fir 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 or derivative that I am an officer or director of the corpora ion or the precipe of trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on any attachment first an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR