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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000071313							
J.M. & SONS CONSTRUCTION COMPANY, INC.							
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Principal Place	e of Business	Mailing Address			# 100 (100 ) 100 1 010 1 010 1 0 0 10 1 0 0 10 10 0 0 10 1		
108 WHITAKER	ROAD	2504 W CREST ST					
LUTZ FL 33549		STE 101			DO NOT WRITE IN THIS S	SPACE	
		TAMPA FL 33612 US			3. Date Incorporated or Qualifed	OI ACE	7
		00			09/15/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-3337653	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Red	quired
City & State	е	City & State			6. Election Campaign Financing	\$5.00 (	
23		28		· •• · ••	Trust Fund Contribution	Added to	o Fees
— Zip ──	Country	Zip		untry	<ol><li>This corporation owes the current year Inta Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Curre	29	30	<del></del>	10. Name and Address of New Registered A		
	9. Name and Address of Curren	ir Kadistalad Wdalir		81 Name	IV. Hallie and Address of field (Lagistarda)		
BIAN	ICO, JOHN G III				(0.0.0		
705 '	WEST AZEELE STREET			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		1
TAM	PA FL 33606 ·	and the same of th		83			
				04 00		85 Zip C	odo.
				84 City	· FL	85 Zip C	,oue
	to the provisions of Sections 607 060						
<ol><li>Pursuant i</li></ol>	to the provisions of Sections our out	)2 and 607.1508, Florida Stati	utes, the a	bove-named co	orporation submits this statement for the purpose of o	manging its i	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	a by the corbora	orporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoin	tment as reg	registered gistered
office or re agent. I at	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	autnorized Iorida Stat	a by the corporatutes.	ration's board of directors. Thereby accept the appoint	tment as reg	registered gistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stat	d by the corpora tutes. d Agent signature req	quired when reinstating)  DATE		jistered
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	of Florida, Such change was attions of, Section 607.0505, Funt and title if applicable.  (NO DD DIRECTORS	lorida Stat	d by the corporatutes.	ration's board of directors. Thereby accept the appoint	D DIRECTO	RS IN 12
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligated agency of registered agency of the state	of Florida. Such change was ations of, Section 607.0505, F	TE: Registered	d by the corporatutes.  d Agent signature req	quired when reinstating)  DATE		jistered
office or reagent. I all SIGNATURE  12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligated Signature, typed or printed name of registered age OFFICERS AND MASSICOTTE, JOSEPH	of Florida, Such change was attions of, Section 607.0505, Funt and title if applicable.  (NO DD DIRECTORS	TE: Registered	d Agent signature req	quired when reinstating)  DATE	D DIRECTO	RS IN 12
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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 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 enter a statement with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS