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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90036 026 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074945

INTREPID CONSTRUCTION, INC.

Principal Place of Business				Mailing Address								,
126 SW S WAKEFIELD CIRCLE				126 SW S WAKEFIELD CIR					•		•	
PORT ST. LUCIE FL 34953 US			PQ US	PORT ST. LUCIE FL 34953				DO NOT WRITE IN THIS SPACE				
05				00				3. Date Incorporated or Qualifed				
							•	(	09/28/1995			
2. Principal Pl	lace of Business	3	2a.	Mailing Address				4. F	El Number		A	pplied For
21				26			_	6	55-0610002		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 (	Certificate of Status Desired		<b>V</b> - · · ·	Additional
22			27					<b>J</b> . (	Sertificate of Glattas Desired		Fee R	equired
City & State				City & State				6. E	Election Campaign Financing	П		May Be
23			28	<u> </u>					Trust Fund Contribution			to Fees
Zip		Country-	$\perp$	Zip		intry		1	This corporation owes the curre	ent year Inte		□No
24	25		29		30				Personal Property Tax.	- deterned	Yes	NO
	9. Name an	d Address of Curren				81	Name	10. 1	Name and Address of New R	egisterea .	Ageni	
· MOD	MANNELL CHI	DISTORIED		19 D 19 W		"						
MCDONNELL, CHRISTOPHER J 456 SE STARFLOWER AVE							Street Addre	dress (P.O. Box Number is Not Acceptable)				
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11. Pursuant office or re agent. La	to the provision egistered agent m familiar with.	s of Sections 607.050; , or both, in the State and accept the obligation	2 and 6 of Florid tions of	07.1508, Florida Statu da. Such change was , Section 607.0505, Fl	ites, the a authorized orida Stat	bove d by i utes.	the corporatio	oration on's boa	submits this statement for the ard of directors. I hereby accept	t the appoi	ntment as r	egistered
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CICANA HIDE												
SIGNATURE	Signature, typed or p	ninted name of registered ager				Agen	t signature required			DATE	ID DIBECT	ODS IN 12
12.		orinted name of registered ager OFFICERS AN		CTORS	13.		t signature required	Al	DDITIONS/CHANGES TO OF			
<u> </u>	PT	OFFICERS AN			13. 1.1 TI	TLE	t signature required	Al				ORS IN 12
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12.	PT ADAMS, BA 126 SW SO	OFFICERS AN RRY UTH WAKEFIELD C	D DIRE	CTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADDRESS	Al	DDITIONS/CHANGES TO OF			
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP