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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

1. Corporation	MENT # P95000 SON CONSTRUCTION CO.									
Principal Place	e of Business	Mailing Address			-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F D I W I W I I I I I I I I I I I I I I I
1031 SW 127TH TER 1031 SW 127TH TER										
DAVIE FL 3332	5	DAVIE FL 33325				DO NOT WRITE IN	THIS S	PACE	Ξ	
						Date Incorporated or Qualifed 10/13/1995				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		\top	App	lied For
21		26				65-0663775				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Ac	dditional
22		27								·
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			.UU N Ided to	May Be
Zip	Country	28	Country	<i>,</i>		This corporation owes the current ye	ar Inta			7 7 663
24	25		30	,		Personal Property Tax.		Yes		Mo
241	9. Name and Address of Curre		-			10. Name and Address of New Regist	ered A	gent		-
			81	1	Name					
THOMPSON, RICHARD A				, ,	Street Addre	ess (P.O. Box Number is Not Acceptable)				
1031 SW 127TH TER			82	Ϊ.	Jueer Addie					
DAVIE FL 33325				-						
			84		City			85	Zip C	ode
			1		-		<u>FL</u>			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State rn familiar with, and accept the oblig	e of Florida. Such change was au	itnorizea by	יתו	named corpo e corporatio	oration submits this statement for the purpo n's board of directors. I hereby accept the	appoin	ment	as reg	istered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				nt si	gnature required	I when reinstating) DA				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND	DIRE Ch		AS IN 12
TITLE	P PIONEDON DICHADO A	☐ DELETE	1.1 TITLE						ange	
NAME	THOMPSON, RICHARD A 1031 SW 127TH TER		1.2 NAME		DDDCCC					
STREET ADDRESS			1.3 STREE							
CITY-ST-ZIP	DAVIE FL 33325	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-2	ZIP			[] Ch	ange	Addition
TITLE	THOMPSON, SUE A		2.1 MAME							
NAME STREET ADDRESS	1031 SW 127TH TER		2.3 STREE		DODESS				_	
CITY-ST-ZIP	DAVIE FL 33325		2.4 CITY-5		1					
TITLE	Divide te double	☐ DELETE	3.1 TITLE	· ·		1		Ch	ange	☐ Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T AE	DORESS					
CITY-ST-ZIP			3.4. CITY-5							
TITLE	☐ DELETE 4:		4.1 TITLE	4.1 TITLE				☐ Ch	ange	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T AI	DDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITLE					Ch.	ange	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-Z	ZIP			☐ Ch	2000	Addition
TITLE		☐ DELETE	6.2 NAME					_ 🗥	nige.	I'' YOUROII
NAME	1		A'T IA-MIE							

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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)