


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90067 033 ***150.00

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P95000088197 | | |
| 1. Corporation Name CONSTRUCTION MATRIX, INC. | | |

| | |
|---|--|
| Principal Place of Business 7710 ANN BALLARD RD. TAMPA FL 33634 US | Mailing Address 7710 ANN BALLARD RD. TAMPA FL 33634-2333 US |
|---|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

59-3345243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

COLLETTE, RON
7710 ANN BALLARD RD.
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

DANA B. SOUTH

82 Street Address (P.O. Box Number is Not Acceptable)

6006 HANLEY ROAD

83

84 City

TAMPA

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
STREET ADDRESS SOUTH, DANA B
CITY-ST-ZIP 7710 ANN BALLARD RD.
 TAMPA FL

TITLE ☐ DELETE

NAME DVPS
STREET ADDRESS COLLETTE, ROLAND
CITY-ST-ZIP 7710 ANN BALLARD RD.
 TAMPA FL

TITLE ☒ DELETE

NAME AP
STREET ADDRESS MIDDLETON-SOUTH, DIANE M
CITY-ST-ZIP 6006 HANLEY RD.
 TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/99 813-885-3232

CR2E034 (11/98)