05-10-1999 90091 034 ***150.00

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

 Corporation 	MENT # P95000 ONSTRUCTION CORPORAT				
Principal Place	e of Business	Mailing Address		I INDICATE THE PROPERTY OF THE	
3087 65TH ST	#8	P.O. BOX 184			
VERO BEACH FL 32967 WINTER BEACH FL 32971 US US			DO NOT WRITE IN THIS	CDACE	
			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				11/16/1995	
2 Principal Di	lace of Business	2a. Majling Address		4. FEI Number	Applied For
		26 P.S. BOX	184	59-3352316	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 #8		27	- 		
City & State 23 VERO	Beach FL.	City & State 28 WINTER BE		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 ₹ 3	2967 25 USA.	28 Zip 30971 30	Country	This corporation owes the current year Inta Personal Property Tax.	ngible □ Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
VERO	to the provisions of Sections 607.0502 egistered egent, or both, in the State of	⊋and 607.1508, Florida Statutes, of Florida. Such change was aut	83 84 City	Idress (P.O. Box Number is Not Acceptable) FL orporation submits this statement for the purpose of oution's board of directors. I hereby accept the appoin	85 Zip Code changing its registered trment as registered
		11. 1	a Statutes.	4-30	-99
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Re	egistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PVST	☐ DELETE	1.1 TITLE		Change Addition
NAME	TREMBLAY, RANDALL M		1.2 NAME		
STREET ADDRESS	3807 65TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	2 4 CITY-ST-ZIP	<u>, — , -— , — - — ,</u>	☐ Change ☐ Addition
TITLE		LJ OCCETE	3.2 NAME		_ •
NAME expect approprie			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 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 suppliemental 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETE

DELETE

Addition

Addition

☐ Change

Change