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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90057 049 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002627

1. Corporation Name

T. M. CONSTRUCTION SPECIALIST, INC.



Principal Place of Business

~~1070 SW RIO VISTA WAY
PALM CITY FL 34990~~

Mailing Address

~~1070 SW RIO VISTA WAY
PALM CITY FL 34990~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1996

2. Principal Place of Business

21 1434 SW Seagull Way

2a. Mailing Address

26 1434 SW Seagull Way

4. FEI Number

65-0641048

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Palm City, FL USA

City & State

28 Palm City, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 34990

Country

25 USA

Zip

29 34990

Country

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MASON, TIMOTHY R
1434 S.W. SEAGULL WAY
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 obligations 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 **PSD** ☐ DELETE
NAME **MASON, TIMOTHY R**
STREET ADDRESS **1070 SW RIO VISTA WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PSD
MASON, TIMOTHY R.
1434 SW Seagull Way
Palm City, FL 34990**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

Daytime Phone #

CR2E034 (11/98)