## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000013065

1. Corporation Name

UNIQUE CONTRACTORS, INC.

Principal Place of Business Mailing Address					T 1805/000 TON (OUTS ONLY DOUGH OUTS OUTS TONE THE OUTS OUTS TONE OUTS) BUILD OUTS OUT OUT		
2611-B WEST 23RD STREET PANAMA CITY FL 32405  2611-B WEST 23RD STREET PANAMA CITY FL 32405					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/06/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For		
					59-3362339 Not Applicat		
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired Fee Require		
City & Stat	<u> </u>	City & State	- '		6. Election Campaign Financing S5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29 3	Countr	У	8. This corporation owes the current year Intangible Personal Property Tax.		
27	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent		
			8	1 Name			
JENI	Jenkins, eric r				82 Street Address (P.O. Box Number is Not Acceptable)		
2611	2611-B WEST 23RD STREET PANAMA CITY FL 32405			Street Add	ress (P.O. Box Number is Not Acceptable)		
PAN				83			
				84 City FL 85 Zip Code			
							office or r
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Add		
NAME	JENKINS, ERIC R	_	1.2 NAME	:			
STREET ADDRESS	2611-B WEST 23RD STREET			ET ADDRÉSS			
1	PANAMA CITY FL 32405		1.4 CITY-				
CITY-ST-ZIP	FANAMA CITT FE 32403	☐ DELETE	2.1 TITLE		☐ Change ☐ Add		
NAME			2.2 NAME		· -		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2.4 CITY		·		
TITLE	1	☐ DELETE	3.1 TITLE		☐ Change ☐ Add		
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	\$ %		3.4. CITY	-ST-ZIP			
TITLÉ	2 (	☐ DELETE	4.1 TITLE		☐ Change ☐ Add		
NAME	I		4. 2 NAM	E	·		
STREET ADDRESS	•		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add		
NAME	1		5.2 NAME	:			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ Change

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90140 006 \*\*\*150.00

☐ Addition