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

2ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000019143

Country

9. Name and Address of Current Registered Agent

25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

FLOYD BROTHERS CONSTRUCTION, INC.

rincipal Place of Business	Mailing Address
1 EAST 9 1/2 MILE ROAD	101 EAST 9 1/2 MILE ROAD
NSACOLA FL 32534	PENSACOLA FL 32534

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90057 010 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

X Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/01/1996

59-3363069

4. FEI Number

KELLER, LARRY D 5514 NORTH DAVIS HIGHWAY STE 105		"	1401116	•		i		
		82	Stree	Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32503						11 11 154		
		84	City	2 (1) 1 (1)	85 Zip (Code		
				FL				
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								
			t signature	e required when reinstating)DATE				
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI				
TITLE		1.1 TITLE			Change	☐ Addition		
NAME	FLOYD, SAM	1.2 NAME						
STREET ADDRESS	101 E. 9TH 1/2 ROAD	1.3 STREET	ADDRESS	3		ļ		
CITY-ST-ZIP	PENSACOLA FL 32534	1.4 CITY-ST-ZIP		·				
TITLE	_	2.1 TITLE			Change	Addition .		
NAME	FLOYD, TIM	2.2 NAME						
STREET ADDRESS	9805 PINEBRAKE COURT	2.3 STREET	ADDRESS	s				
CITY-ST-ZIP	PENSACOLA FL 32514	2. 4 CITY-S	t-ZIP			,		
TITLE		3.1 TITLE			☐ Change	Addition		
NAME		3.2 NAME				_		
STREET ADDRESS		3.3 STREET ADDRES						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE		4.1 TITLE	1-ZIP					
NAME		4. 2 NAME				, Landidon		
STREET ADDRESS		4.3 STREET	ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST	-ZiP			ļ		
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME		5.2 NAME		2 - 1 - 1 - 1	_			
STREET ADDRESS		5.3 STREET	ADDRESS			j		
CITY-ST-ZIP		5.4 CITY-ST	-ZIP	\$170 p. 150 p.				
TITLE	☐ DELETE	6.1 TITLE			Change	Addition		
NAME	· · ·	6.2 NAME						
STREET ADDRESS	\$1700	6.3 STREET	ADDRESS	:				
CITY-ST-ZIP		6.4 CITY-ST	-ZIP					
	orbifus that the information complied with this filing days and available for the			1 - C				

Country

Name

30

I hereby certify that the information supplied with this filling 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 or a attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR