

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90142 034 ***150.00

003123

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000021269

1. Corporation Name

CONTEMPORARY CONSTRUCTION SOUTHEAST, INC.

Principal Place of Business
**30 DIX AVENUE
ORMOND BEACH FL 32174**

Mailing Address
**30 DIX AVENUE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number
59-3364828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

21 **325 Walker Street**

Suite, Apt. #, etc.

22

City & State

23 **Holly Hill Florida**

Zip

24 **32117**

Country

25 **USA**

2a. Mailing Address

26 **325 Walker Street**

Suite, Apt. #, etc.

27

City & State

28 **Holly Hill Florida**

Zip

29 **32117**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**DAUGHERTY, T. PATRICK
30 DIX AVENUE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

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

325 Walker Street

83

84 City **Holly Hill**

FL

85 Zip Code **32117**

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 607.0995, 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 **DAUGHERTY, T. PATRICK**
STREET ADDRESS **30 DIX AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE
NAME **DAUGHERTY, N. KRISTINE**
STREET ADDRESS **30 DIX AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE
NAME **TEEPE, WILLIAM F**
STREET ADDRESS **10 TRAIL RUN**
CITY-ST-ZIP **FLGLER BEACH FL 32137**

TITLE ☐ DELETE
NAME **TEEPE, CAROL A**
STREET ADDRESS **10 TRAIL RUN**
CITY-ST-ZIP **FLGLER BEACH FL 32137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Operations Manager** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Vice-President** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 904/620555