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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90142 034 ***150.00

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| 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

| | |
|---|--|
| 2. Principal Place of Business 21 325 Walker Street Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 325 Walker Street Suite, Apt. #, etc. 27 |
| City & State 23 Holly Hill Florida Zip Country 24 32117 25 USA | City & State 28 Holly Hill Florida Zip Country 29 32117 30 USA |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/05/1996 | Applied For Not Applicable |
| 4. FEI Number 59-3364828 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 *T. Patrick Daugherty* DATE **1/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DAUGHERTY, T. PATRICK |
| STREET ADDRESS | 30 DIX AVENUE |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DAUGHERTY, N. KRISTINE |
| STREET ADDRESS | 30 DIX AVENUE |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | TEEPE, WILLIAM F |
| STREET ADDRESS | 10 TRAIL RUN |
| CITY-ST-ZIP | FLGLER BEACH FL 32137 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | TEEPE, CAROL A |
| STREET ADDRESS | 10 TRAIL RUN |
| CITY-ST-ZIP | FLGLER BEACH FL 32137 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | Operations Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *T. Patrick Daugherty* DATE **1/29/99** Daytime Phone # **904/672-0555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #