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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000022783

COPPOTELLI'S CONSTRUCTION CORP.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

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Mailing Address Principal Place of Business 278 SOUTHWEST GLENWOOD DRIVE 278 SOUTHWEST GLENWOOD DRIVE PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/13/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0651988 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COPPOTELLI, STACI Street Address (P.O. Box Number is Not Acceptable) 82 278 SOUTHWEST GLENWOOD DRIVE PORT ST. LUCIE FL 34984 83 85 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 11 TITLE TITLE COPPOTELLI, STACI J 12 NAME NAME 278 SOUTHWEST GLENWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34984 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME COPPOTELLI, BENEDICT NAME 278 SOUTHWEST GLENWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34984 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 jurgue 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 trusteet employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an appears in a state of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the r

SIGNATURE: _

WATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99 (561) 871-60Y7

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