FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90281 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035109

DANIEL CONSTRUCTION SYSTEMS, INC.

_										
Principal Place of Business Mailing Address										
DANIEL JASON 28007 SAULT ROAD										
28007 SOULT RD BROOKSVILLE FL 34601						DO NOT WRITE IN THIS SPACE				
BROOKSVILLE FL 34601 US						Date Incorporated or Qua		- 10 01 702		
03							04/23/1996	illed		
2. Principal P	lace of Business	Т	2a. Mailing Address				4. FEI Number			Applied For
21		[2	86				59-3369162			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗆	\$8.75 Additional Fee Required	
City & State			City & State				& Etactica Compaign Figur	ning		10 May Be
			¬ '				Election Campaign Finan Trust Fund Contribution	ing 📋	,	ed to Fees
Zip Country			Zip Coun		ntry f			This corporation owes the current year Intangible		
24	25	· -	[9]	30	•		Personal Property Tax.	- Culturi, 7	Yes	⊒No
24	 	ress of Current Re		1301			10. Name and Address of N	ew Registe	red Agent	
	VI VIGING WITH THE		<u> </u>		B1	Name			-	
DAN	IIEL, JASON			-	_					
2800	7 SOULT RD			'	82	Street Ac	dress (P.O. Bo) Number is Not Ac	ceptable)		
BRO	OKSVILLE FL 3460	1		1	83					
					_					
				1	84	City			FL 85 Z	ip Code
SIGNATUF:E	Signature, typed or printed na				gent	t signature req	ired when reinstating) ADDITIONS/CHANGES TO	DATE		TODS IN 12
12.		OFFICERS AND D	IRECTORS DELETE	13.		Т	ADDITIONS/CHANGES TO	OFFICER	☐ Chang	
TITLE	"		[] OLLLIE	1.2 NAM						,
JNAME	DANIEL, JASON 28007 SOULT RD	1				ADDDECO				
STREET ADDRESS	BROOKSVILLE FL			•		ADDRESS				
CITY-ST-ZIP	DROUNSVILLE FL	 -	[] DELETE	1.4 CITY 2.1 TITL		-217			Chan	ge Addition
TITLE				2.1 NAM						, 1
NAME						ADDRESS				
STREET ADDRESS				1		1				İ
CITY-ST-ZIP			DELETE	2.4 CIT		1-ZIP			Chan	ge
TITLE			۵,	3 2 NAM						
NAME						ADDRESS				
STREET ADDRESS				3.4. CIT						
CITY-ST-ZIP TITLE	 			3.4. 011		- 211			Chan	ge Addition
NAME			☐ DELETE	4.1 TITL	E				LJ CHAIN	
STREET ADDRESS	I		☐ DELETE	4.1 TITL 1 4.2 NA					Снап	
_CITY_ST-ZIP	1		☐ DELETE	4. 2 NA	ME	ADDRESS			Chan	
			☐ DELETE	4. 2 NA) 4.3 STR	ME EET	ADDRESS			Chan	
			□ DELETE	4. 2 NA	ME EET Y-ST				Chan	ge Addition
TITLE				4. 2 NAI 4.3 STR 4.4 CITY	ME EET Y-ST					ge Addition
TITLE NAME				4.2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NA/	ME EET Y-ST E ME					ge Addition
TITLE NAME STREET ADDRESS				4.2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NA/	ME Y-ST E ME	r-ZIP ADDRESS				ge Addition
TITLE NAME				4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITU 5.2 NA/ 5.3 STR	ME Y-ST E ME EET Y-ST	r-ZIP ADDRESS				
TITLE NAME STREET ADORESS CITY-ST-ZIP			_ DELETE	4. 2 NAI 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITN	ME PEET Y-ST LE ME PEET Y-ST LE	r-ZIP ADDRESS			☐ Chan	

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with amaddress, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR