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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000040630

steve f	POOLE CONSTRUCTION, II	NCORPO	RATED							
Principal Plac	e of Business	Maili	ng Address					IQILI BALLI OIOII 31		11111 8811 1881
41 MORNING SUN CT 41 MORNING SUN CT										·
SANTA ROSA BCH FL 32459 SANTA ROSA BCH FL 3245				i 9					` · ·	
us us							DO NOT WRITE	IN THIS SPA	CE	
							3. Date Incorporated or Qualifed			ļ
		one 1					05/06/1996			
2. Principal P	Place of Business	2a. M	failing Address		•		4. FEI Number			olied For
21		26					59-3386290			Applicable
Suite, Apt.	#, etc.	L S	uite, Apt. #, etc.				5. Certifcate of Status Desired [7		dditional
22		27:						*********	Fee Re	·
City & Stat	te	<u> </u>	City & State				6. Election Campaign Financing			May Be
23		28	,				Trust Fund Contribution		Added to	Fees
Žip	Country	<u> </u>	ip	Cour	itry		8. This corporation owes the current	· <u>-</u>		l
24	25	29		30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Curre	nt Register	red Agent		81 Name		10. Name and Address of New Reg	isterea Agen	τ	
POO	ole, steve				Name					
	MORNING SUN CT		* ***	Ţ	82 Street	Addres	ss (P.O. Box Number is Not Acceptable	e)		
	ITA ROSA BCH FL 32459									
OAN	IIA NOOA BOIT PE 32439				83					
- 1 -				ŀ	84 City			85	Zip C	ode
a market y					-			FL	-	
11. Pursuant	to the provisions of Sections 607.05	02 and 607	.1508, Florida Statut	es, the ab	ove-named	corpor	ration submits this statement for the pu 's board of directors. I hereby accept the	rpose of chang	ging its :	registered
, OHICE OF I	registered agent, or boar, in the state	o oi riolida.	Such Change was a	INTI IOLIZEO	by alc corp	oradon	is board of directors. Thereby docopt is	io appointmo	00 .05	,,,,,,,,
agent. I a	im familiar with, and accept the oblig	jauons of, S	ection 607.0505, Flo	rida Statu	tes.					
		jauons of, S	ection 607.0505, Flo	rida Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered ago	jent and title if ap	oplicable. (NOTE	: Registered			when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	jent and title if ap	policable. (NOTE	: Registered /	kgent signature i			DATE CERS AND DI	RECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agr OFFICERS A	jent and title if ap	oplicable. (NOTE	: Registered /	Agent signature		when reinstating)	DATE CERS AND DI		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A D POOLE, STEVE	jent and title if ap	policable. (NOTE	: Registered /	Agent signature		when reinstating)	DATE CERS AND DI	RECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90023 032 ***150.00