**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P96000048929

HOLDERMILLER CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •		
520 FLAMINGO	DRIVE	520 FLAMINGO DRIVE							
APOLLO BEACH FL 33572		APOLLO BEACH FL 33572			<b>\</b>	DO NOT ME	ITE IN THIS	CDACE	
					-	DO NOT WR		SPACE	
						<ol> <li>Date Incorporated or Qualifed 06/06/1996</li> </ol>			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Α	Applied For
21	•	26				<u>59-3386071</u>		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certificate of Status Desired			Additional
22	-	27				5. Certificate of Glattas Edulited		Fee F	Required
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country			8. This corporation owes the cut	rent year Inta		
24	25	29 30	<u>                                     </u>			Personal Property Tax.		∐ Yes	<b>1</b> 00
	g. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	Agent	
CMIT	TH CMITTY		81	Name					
SMITH, SMITTY 3802 EHRLICH ROAD, SUITE 210				Street	eet Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33624									
			1			<u> </u>		85 Zip	Code
			84 City				FL	.   <u>                                   </u>	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	if Florida. Such change was auth	Orized by	the corp	corpora oration's	ation submits this statement for the board of directors. I hereby according	e purpose of opt the appoin	changing it ntment as r	ts registered registered
agent, I a	m familiar with, and accept the obligati	ora of Section 607.0505, Florida	a Statutes			A			
agent. I a	\A	ora of Section 607.0505, Houds	Statutes	•		(	473/	99	
agent. I a	Signature, typed a printed marine of registered agent	one of Section 607.0309, Hotida	gistered Agen	•		en reinstating)	U DATE	99	
agent. I a SIGNATURE	Signature, typed segricular rathe of registered agent	one of Section 607.0509, Florida  poetite if applicable. (NOTE: Re	gistered Agen	•	required wh	ADDITIONS/CHANGES TO O			
agent. I a	Signature, typed or printed rather of registered agent OFFICERS AND	one of Section 607.0309, Hotida	gistered Agen 13. 1.1 TITLE	•	required wh				
agent. I a SIGNATURE	Signature, typed or printed of registered does not perfectly of the printed of registered does not perfectly the perfectly of	one of Section 607.0509, Florida  poetite if applicable. (NOTE: Re	gistered Agen  13.  1.1 TITLE  1.2 NAME	t signature d	Pres	ADDITIONS/CHANGES TO O			
agent. I a SIGNATURE  12. TITLE	Signature, typed or patient marks of registered agents OFFICERS AND PSTV HOLDERMILLER, GEOFFREY 520 FLAMINGO DRIVE	one of Section 607.0509, Florida  poetite if applicable. (NOTE: Re	gistered Agen 13. 1.1 TITLE	t signature d	Pres	ADDITIONS/CHANGES TO O			
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed of registered does not perfectly of the printed of registered does not perfectly the perfectly of	ORA OI. SECTION 507.0505, F10103  POPULE II applicable. (NOTE: Re D DIRECTORS	gistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	t signatura d	Pres	ADDITIONS/CHANGES TO O Sident, Vice Pres		SK Change	e
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or patient marks of registered agents OFFICERS AND PSTV HOLDERMILLER, GEOFFREY 520 FLAMINGO DRIVE	one of Section 607.0509, Florida  poetite if applicable. (NOTE: Re	gistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signatura d	Pres	ADDITIONS/CHANGES TO O Sident, Vice Pres			e
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 03, 1999 8:00 am Secretary of State

05-03-1999 90049 002 \*\*\*150.00