## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000055447

ASHBROOK & WEST GENERAL CONTRACTORS, INC.

		•								
Principal Place	e of Business	Mailing Address			E INDÉING I LA LAITH DEILE DUITE			1911 1681 1881		
4536 31ST AVENUE, S.W.		PO BOX 488								
NAPLES FL 34116-8224		NAPLES FL 34102				DO NOT W	DO NOT MIDITE IN THIS SPACE			
US US		US					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
	•					06/27/1996				
Principal Place of Business     2a. Mailing Addres			iress				113010	Арр	lied For	
21	•	26				APPLIED FOR			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		* <b>\$8.75</b> Ad Fee Red	I	
City & State	e	City & State				6. Election Campaign Financin	a –	\$5.00	May Be	
23	-	28	8			Trust Fund Contribution	<b>"</b>	Added to		
Zip	Country	Zip	Zip Country			8. This corporation owes the c	8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		☐ Yes 🚶	No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of Nev	Registered A	\gent		
				81	Name				}	
	BROOK, ALLAN SCOTT			- 82	Street	Address (P.O. Box Number is Not Acce	otable)	ž		
l	3 31ST AVENUE, S.W.				Olloct,					
NAPi	LES FL 33999			83						
	•			84	City			85 Zip C	ode	
				04	City		FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the	above	-named	corporation submits this statement for t	ne purpose of o	changing its r	registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a ons of. Section 607.0505. Flo	uthorizi rida Sta	ed by atutes.	tne corpo	oration's board of directors. I hereby acc	ept the appoin	ilineni as reg	istered	
•	,,,, idinana, mai, and accept and cong								l	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Register	red Agen	t signature re	equired when reinstating)	DATE			
12.	OFFICERS AND		13	3.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	PTD DELETE			1.1 TITLE				☐ Change	Addition	
NAME	ASHBROOK, ALLAN SCOTT		1.2	1.2 NAME					ļ	
STREET ADDRESS	,		1.3	1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 33999			CITY-ST	T- ZIP					
TITLE	VP	☐ DELETE						Change	Addition	
NAME	WEST, STEVEN A	even a		2.2 NAME					Ì	
STREET ADDRESS	438 PUTTER POINT CT		2.3	2.3 STREET ADDRESS					1	
CITY-ST-ZIP	NAPLES FL 34102		2.4	4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1	TITLE	1			☐ Change	☐ Addition	
NAME:			3.2	NAME						
STREET ADDRESS		ا مال کے ا	3.3	STREET	ADDRESS	الفاحسي المرافات الما		<b>-</b>	<b>-</b>	
CITY-ST-ZIP			3.4	. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1	TITLE	l			Change	☐ Addition	
NAME	·		4.2	2 NAME						
STREET ADDRESS			4.3	STREET	FADDRESS				1	
CITY-ST-ZIP			-							
TITLE			4.4	CITY-S	T-ZiP		<u> </u>			
1		☐ DELETE	5.1	TITLE	T-ZiP		<u> </u>	Change	Addition	
NAME	,	☐ DELETE	5.1 5.2	TITLE NAME				☐ Change	Addition	
NAME STREET ADDRESS	200 E M 18 3	☐ DELETE	5.1 5.2	TITLE NAME	T-ZIP		· -	Change	Addition	
	भूगात है। स्थाप १९५५ संदर्भ देश स्थापकों स्थाप		5.1 5.2 5.3 5.4	TITLE NAME STREET	T ADDRESS					
STREET ADDRESS	200 E M 18 3	☐ DELETE	5.1 5.2 5.3 5.4 6.1	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS	भूगात है। स्थाप १९५५ संदर्भ देश स्थापकों स्थाप		5.1 5.2 5.3 5.4 6.1	TITLE NAME STREET	T ADDRESS					

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

SIGNATURE:

C/TY-ST-ZIP

570UN A. WEST

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90147 030 \*\*\*150.00