

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90152 024 ***150.00

DOCUMENT # P96000057048

1. Corporation Name

CONFIDENCE CONTRACTING, INC.

Principal Place of Business

200 EXECUTIVE WAY
STE 207
PONTE VEDRA BCH FL 32082
US

Mailing Address

200 EXECUTIVE WAY
STE 207
PONTE VEDRA BCH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3388150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

KEASLER, FRANK R JR.
7077 BONNEVAL ROAD
SUITE 120
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

(same)

82 Street Address (P.O. Box Number is Not Acceptable)

83 4337 Pablo Oaks Ct., Suite 102

84 City

Jacksonville

FL

85 Zip Code

32224

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE
NAME KEASLER, FRANK R JR.
STREET ADDRESS 7077 BONNEVAL ROAD, SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE
NAME CASON, SPENCER M
STREET ADDRESS 8751 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME WARD, GAIL S.
STREET ADDRESS 9 SOLANO AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (same) ☐ Change ☐ Addition
1.2 NAME (same)
1.3 STREET ADDRESS 4337 Pablo Oaks Ct., Suite 102
1.4 CITY-ST-ZIP Jacksonville, FL 32224

2.1 TITLE (same) ☐ Change ☐ Addition
2.2 NAME (same)
2.3 STREET ADDRESS 200 Executive Way, Suite 207
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE (same) ☐ Change ☐ Addition
3.2 NAME (same)
3.3 STREET ADDRESS 225 Bluebird Lane
3.4 CITY-ST-ZIP St. Augustine, FL 32084

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(904) 285-7476

Daytime Phone #

CR2E034 (1/98)

0016612