PROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Kathlythe Hairts Secretary of State DIVISION OF CORPORATIONS			FIL		· 	! !	
DOCUMENT # P940005					52	ı	99 OCT 14	PM 1:48		
1. Corporation	Name	P-11		ノ	ے	1	SECRETARY	AE OTATE		
NOVAK	CONSTRU	TION D	rc .				SECRETARY TALLAMASS	EE. FLORIDA		
Principal Place	of Business	· 	Mailing Address				4/22/99 90	~5 AU	#J50	٥, ١
5							DO NOT WRITE			-
							3. Date incorporated or Qualifed]
<u> </u>			B 440 444				7/17]
	GULF BACK	ZE PKWY	2a. Mailing Address 26 PO BOX 110	2_			4. FEI Number 59-3345070		oplied For of Applicable	ł
Suite, Apt. #			Suite, Apt. #, etc.					\$8.75	Additional squired	
City & State	gneere	FC.	City & State 28 GULF BUET	E 1	٦.	-	Election Campaign Financing Trust Fund Contribution		May Be to Fees	<u> </u>
Zip		untry USA	Zφ	Coun	5		8. This corporation owes the current]
14 3256		forese of Current R		39	15A		Personal Property Tax. 19. Name and Address of New Reg	Yes	□No	1
6.		JOINE CONTRACTOR	ogistelled Agent		1 Name		10. Halle and Flooress of Hos Hos	ISSUES INCOME		1
VOH	N NOVAK	DE GALVE	2.		12 Street	Addres	s (P.O. Box Number is Not Acceptable	<u>, </u>		l
6849	y Averein	2.01						·		1
NAVI	MERE 11.	32566		1	13					
		•		Ī	4 City			E1 85 Zip (Code .	ĺ
11. Pursuant k	o the provisions of	Bactions 607.0502 a	nd 607.1506, Florida Statule	s, the abo	ve-nemed o	corpor	ition submits this statement for the pur	pose of changing its	Peretaigen	ł
office or re agent. I am SIGNATURE	icistered agent, or in familiar with, and	ooth, in the State of f accept the obligation	forida. Such change was au a of, Section 507.0505, Flori	Chorized I Ida Statut	by the corpo es.	oration'	ation submits this statement for the pure a board of directors. I hereby accept the	le appointment as re	gislered	
	Signature Apped or patracel	Name of requested agent an			park Signature re	quivi v	fun refremung)	DATE		€
12. TILE	HARLE C	CC TALGAS UM		13.		ſ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	[₹
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STREET ADDRESS					EET ADORESS					Ì
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NAME			~	- 23 HAM						
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CITY-ST-ZIP				\$4.CTTY	-\$1-ZP					[
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NAME				4.2141	- 1			•	ļ	ļ
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TITLE			D DELETE	4.4 City.				Change	Addition	
NAME			<u>-</u>	52 NAME					_	
STREET ADDRESS				ES ETTRE	ET ADDRESS					
CITY-ST-ZIP				SA CITY						
TITLE			(DELETE	&1 TITLE	: [_		Change	Addition	

6.3 STREET ADDRESS

by for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information accurate and that my algorature shall have the same legal effect as if made under oath; that I am an its execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the Robert Rice empowered.

KE

8.4 CITY-81-2P

NAME STREET ADORESS

SIGNATURE:

Onv.st.2p
 14. I hereby certify that the information supplied with this filing does not our indicated on this annual report of supplieriental annual report is true at officer or director of the coproration or the receiver or trustee empays. Block 12 or Block 13 if changes, or on an attachment with galacteries.

1

Novak

NOVER CONSTRUCTION NO

2705 Gulf Breeze Pkwy. P.O. Box 1102 Gulf Breeze, FL 32562 (850) 934-7007 Fax (850) 934-6868

October 14, 1999

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document # P96000059521

To whom it may concern:

We ask that you resend the notice of dissolution reason being our original renewal application was never received on or about April 15th. We called and requested a duplicate copy which we received and mailed in with our \$150.00 payment. We were told that we would not be penalized for not receiving the original application as long as we mailed the duplicate application in immediately, which we did. Please give these circumstances your consideration. We may be reached at the number below.

Thankyou,

ohn Novak

resident Novak Construction Inc.

850-934-7007