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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000064802

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

04-22-1999 90202 024 \*\*\*150.00

EXCALIB	UR GENERAL CONTRACTI	NG, INC.	ر ت سيوت		•	-			
Principal Place of Business Mailing Address						. I SERIEBE LIO ISLE REILE EDILI OFILI POLE		18111 44	***************************************
4564 PHIPPS DRIVE 4564 PHIPPS DRIVE						,			
PORT ORANGE FL 32119 PORT ORANGE FL 32119						DO NOT WRITE IN THIS	SDACE	=	1
						3. Date Incorporated or Qualifed	SPACE	:	
. •						08/02/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
<del>                                     </del>						59-3393920	Not Applicable		
26							\$8.		dditional
22 27					į	5. Certifcate of Status Desired	Fe	e Req	uired
City & State City & State						6. Election Campaign Financing	\$5	.00.	May Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip				try	- ***	8. This corporation owes the current year In			_
24	25 29 30					Personal Property Tax. Yes No			
	9. Name and Address of Currer	nt Registered Agent		041	Mana	10. Name and Address of New Registered	Agent		
CAD.	V LEE MICHIEMICKI		1	81	Name				
GARY LEE WISNIEWSKI				82 Street Address (P.O. Box Number is Not Acceptable)					
4564 PHIPPS DR. PORT ORANGE FL 32119			ļ.						
FUN	I UNANGE PL 32119		'	83		· i .	•		
				B4	City	<b>-</b> 1	85	Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				}		FL	-	ito r	agistarad
l office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized i	by th	named corpor ne corporation	's board of directors. I hereby accept the appo	ntment	as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statut	tes.					
SIGNATURE		AME.	D		signature required v	when reinstating) DATE			\
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	igen a	signature required t	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	стог	RS IN 12
TITLE	VP	☐ DELETE	1.1 TITE	.E			Cha		Addition
NAME			1.2 NAW	Æ					
STREET ADDRESS			1.3 STR	EETA	UDDRESS	• •			1
CITY-ST-ZIP	SOUTH DAYTONA FL		1.4 CITY	Y-ST-2	ZIP				
TITLE			2.1 TTL	.E	-		☐ Cha	inge	Addition
NAME	•		2.2 NAV	Æ					-
STREET ADDRESS		•	2.3 STR	EETA	NODRESS	· ·			İ
CITY-ST-ZIP	PORT ORANGE FL 32119		2. 4 CIT	Y-ST-	-ZIP	<u> </u>			
TITLE	S	☐ DELETE	3.1 TITL	Ę			☐ Cha	ange	Addition
NAME	LOSEY, SCOTT		3.2 NAM	Æ		i.,			{
STREET ADDRESS			3.3 STR	EET A	ADDRESS				İ
CITY-ST-ZIP	HOLLY HILL FL 32117		3.4. CIT	Y-ST-	ZIP	5 1 - 1			
TITLE		☐ DELETE	4.1 TITL	£		•	Cha	inge	☐ Addition
NAME			4. 2 NA	ME					-
STREET ADDRESS			4.3 STR	REETA	ADORESS				{
CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.4 CITY	Y-ST-	ZIP				<b>71188</b>
TITLE		☐ DELETE	5.1 TITL				☐ Cha	ange	Addition
NAME			5.2 NAN		2000000				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY		ZIP				- Addition
TITLE		☐ DELETE	6.1 TITL				Cha	1119e	☐ Addition
NAME	Ì		6.2 NAN		DDDESS.				
GINEEL ADDINESS			1		ADORESS				1
CITY OT ZID	İ.		6,4 CITY	Y-ST-Z	ᄱ				(

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: