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Mar 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068987

1. Corporation Name

HOELTKE PLANNING & CONSTRUCTION, INC.

					_					
Principal Place of Business Mailing Address							1 19911991 1116 SILE SILE SILE SILE SILE SILE SILE SILE			
2136 SOUTHEAST 20TH PLACE 2136 SOUTHEAST 20TH PLACE										
CAPE CORAL FL 33990 CAPE CORAL FL 33990							DO NOT WRITE IN THIS SPACE			
						}	3. Date Incorporated or Qualifed			
						İ	08/19/1996			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		olied For	
21 26							65-0689068 <i>/65-0689608</i>	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	\$8.75 A Fee Red		
City & State		City & State					6. Election Campaign Financing	\$5.00	May Re	
23 28							Trust Fund Contribution	Added to	- / -	
Zip	Country	Zip	(ountry	,		8. This corporation owes the current year tr	ntangible		
24		29	30	حست			Personal Property-Tax		□ No =	
	9. Name and Address of Current	t Registered Agent					10. Name and Address of New Registered	I Agent		
1 4 4 10	- DALH OAMB			81	Name					
LANE, PAUL CAMP					Street /	Addres	dress (P.O. Box Number is Not Acceptable)			
5401 S. KIRKMAN RD.				83	<u> </u>					
SUITE 500										
ORLANDO FL 32819				84	City		■■ 85 Zip Code		ode	
					,		<u>F(</u>	<u> </u>		
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such chang tions of, Section 607.0	je was authori 505, Florida S	zed by tatutes	the corpo	oration'	ation submits this statement for the purpose on submits this statement for the purpose of submits the appears of directors. I hereby accept the appears to the submits the sub	ointment as rec	registered pistered	
	Signature, typed or printed name of registered agent			<u>_</u> _	nt signature re	equired w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC IN 12	
12.		D DIRECTORS		3.			ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	
TITLE	PTD	□ be		1 TITLE				☐ Criange		
NAME	HOELTKE, GERHARD	-		2 NAME						
STREET ADDRESS	2136 SOUTHEAST 20TH PLACE	Ē			T ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33990	DE		4 CITY-S	IT-ZIP			Change	Addition	
TITLE	VSD			1 TITLE	l	\		☐ Onlinge		
NAME	HOELTKE, INES	-		2 NAME						
STREET ADDRESS	2136 SOUTHEAST 20TH PLACE	E			TADORESS	}				
CITY-ST-ZIP	CAPE CORAL FL 33990	□ DE		4 CITY-1	SI-ZIP	 		☐ Change	☐ Addition	
TITLE				1 TITLE 2 NAME						
NAME						-	· ·			
STREET ADDRESS					TADORESS	1				
CITY-ST-ZIP				4. CITY-:	SI-ZIP			☐ Change	Addition	
TITLE								0.,		
NAME				2 NAME			,			
STREET ADDRESS				.3 \$1KEE 4 CITY- 9	TADDRESS					
CITY, ST. ZIP			4	4 CH Y-5	11-ZIP	7				

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CiTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

☐ Change

Addition

☐ Addition