Applied For

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000096780

ALLIED CONTRACTING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address	
231 OLD BAY LANE KISSIMMEE FL 34743	231 OLD BAY LANE KISSIMMEE FL 34743	

2a. Mailing Address

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90035 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

12/02/1996

50-3421334

4. FEI Number

Suite, Apt. #, etc.   2   27   27   27   27   27   27   27	21		26				59-3421334			Applicable			
2   27   Country   28   City & State   6. Election Campaign Financing   S.5.00 May Be   Added to Fees	<del></del>						_						
Added to Fees    Zip	22		27				3. Certificate of States Beening	<u></u>	Fee Red	quired			
2    2    2    2    2    3    3    9    9	City & State	• ~	City & State	e									
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  POTOCNAK, JOHN 231 OLD BAY LIN KISSIMMEE FL 34743  82 Streat Address (P.O. Box Number is Not Acceptable)  83	23		<del></del>							Fees			
9. Name and Address of Current Registered Agent  POTOCNAK, JOHN 231 OLD BAY UN KISSIMMEE FL 34743  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligations of, Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligations of, Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligations of, Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligations of, Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligation of, Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligation of Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligation of Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the obligation of Section 90.500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ammiliar with, and except the purpose of changing its registered agent. I ammiliar with, and except the appointment as registered agent. I ammiliar with, and except the	Zip						· ·						
POTOCNAK, JOHN 231 OLD BAY LN KISSIMMEE FL 34743  83  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florida Statutes, the address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florida Statutes, the address of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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, and the full with, and accept the obligations of, Section 807 0505, Florida Statutes, the address of the full registered agent	24				1								
POTOCNAK, JOHN 231 OLD BAY LN KISSIMMEE FL 34743  82 Street Address (P.O. Box Number is Not Acceptable)  83   44 City		9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Nogi	stereu Agon					
231 OLD BAY LN KISSIMMEE FL 34743  32 Street Address (P.O. BOX Number is Not Acceptable)  33 Street Address (P.O. BOX Number is Not Acceptable)  34 City FL 85 Zip Code  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 registated of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. I hereby accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered of effectors. In 12 accept the appointment as registered accept the appointment as registered accept the appointment as registered accept the corporation's sound when restating in accept the appointment as registered accept the corporation's sound when restating in accept the appointment as registered accept the corporation's sound when restating in accept the corporation's accept the corporation's sound when restating in accept the corporation's accept the corporation's ac													
KISSIMMEE FL 34743  84 City FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes. Me above-named comporation submits this statement for the purpose of changing its registered agent. are member with, with accept the obligations of, Section 607.0508, Florids Statutes. Me above-named comporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.0508, Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE  17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  11. CITY ST.2P  12. CHANGE STREET ADDRESS  13. STREET ADDRESS  14. CITY ST.2P  11. CHANGE STREET ADDRESS  14. CITY ST.2P  11. CHANGE STREET ADDRESS  15. STREE	231 OLD BAY LN			82 Street Address (P.O. Box Number is Not Acceptable)									
11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    20				83									
The Presuant 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 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, it am femiliar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  Signature, 1 am femiliar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. IT	14.00								,				
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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, it in findlier with, and accept the objection 607.0502, Florida Statutes.  SIGNATURE    Signature   S					84	City		FI 85	Zip C	ode			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Himsely accept me applications as registered agent, and member and time if application.    Signature   S	44 Durawant	to the provisions of Sections 607 050	2 and 607 1508 Flo	rida Statutes the	ahove	e-named corn	oration submits this statement for the our	pose of chan	aina its i	registered			
SIGNATURE   Signature, typoid or protect name of registrated agent and tills if applicable   NOTE; Registrated Agent signature required when reinstative)   DATE	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												
12	agent. I ar	m familiar with, and accept the obligat	ions of, Section 60	7.0505, Florida Sta	itutes	•				į			
12.	SIGNATURE	Signature, based or propted name of registered agent	t and title if applicable.	(NOTE: Register	ed Agen	it signature requires	d when reinstating)	DATE		<del></del>			
Delete   D								ERS AND DI	RECTO	RS IN 12			
STREET ADDRESS	TITLE	D		DELETE 1.1	TITLE				Change	☐ Addition			
STREET ADDRESS	NAME	POTOCNAK, JOHN		1.2	NAME								
CITY_ST-ZIP	STREET ADDRESS			1.3	STREET	ADDRESS							
DELETE   DELETE   21 TITLE   Change   Addition	CITY-ST-ZIP			14	CITY-S	T-ZIP							
STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   27 Change   Addition   Add	TITLE	*		DELETE 2.1	TITLE				Change	☐ Addition			
CITY-ST-ZIP	NAME			22	NAME								
DELETE   S.1   TITLE   S.1   TITLE   S.1   Change   Addition	STREET ADDRESS			2.3	STREET	ADDRESS							
NAME	CiTY-ST-ZIP			2.4	CITY-S	T-ZIP							
STREET ADDRESS   3.3 STREET ADDRESS   3.4. CITY- ST-ZIP	TITLE			DELETE 3.1	TITLE				Change	☐ Addition			
3.4. CITY-ST-ZIP     3.4. CITY-ST-ZIP     Change   Addition   Ad	NAME			3.2	NAME								
TITLE	STREET ADDRESS			3.3	STREET	F ADDRESS				Ī			
NAME	CITY-ST-ZIP					T-ZIP			26				
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   Change   Addition	TITLE			DELETE 4.1	TITLE			□'	unange	☐ Addition			
Addition   CITY-ST-ZIP   Addition   DELETE   S.1 TITLE   Change   Addition	NAME			4. 2	NAME								
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME              STREET ADDRESS	STREET ADDRESS			4.3	STREET	TADDRESS				}			
NAME  \$5.2 NAME  \$5.2 NAME  \$5.2 NAME  \$5.2 NAME  \$5.2 NAME  \$5.3 STREET ADDRESS  \$5.4 CITY- ST-ZIP  \$5.4 CITY- ST-ZIP  \$5.4 CITY- ST-ZIP  \$5.4 CITY- ST-ZIP  \$5.5 NAME  \$5.2 NAME  \$5.2 NAME  \$5.2 NAME  \$5.3 STREET ADDRESS  \$6.3 STREET ADDRESS  \$6.3 STREET ADDRESS  \$6.4 CITY- ST-ZIP  \$6.4 CITY- ST-ZIP						T-ZIP			^honao	☐ Addition			
STREET ADDRESS	TITLE			B				Ш'	briange	→ Addition			
5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP	NAME									-			
ITILE   DELETE   6.1 TITLE   Change   Addition    NAME   6.2 NAME    STREET ADDRESS   6.3 STREET ADDRESS    CITY-ST-7IP   6.4 CITY-ST-7IP	STREET ADDRESS												
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CITY-ST-7IP 6.4 CITY-ST-ZIP	NAME									(			
	STREET ADDRESS					1							
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP						Deating 440 07/2)(i) Florida Statuto - 15:	than codifi. 4	at the in	formation			

indicated on this annual report or supplied 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 addresse, with all other like empowered.

SIGNATURE:

Daytime Phone #