

07121999-90005-019-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **P96000098335**  
Corporation Name**F & D CONSTRUCTION, INC.****FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90005 019 \*\*\*150.00

07-30-1999 90005 043 \*\*\*408.75

398982 - 90005 - 43



Principal Place of Business

1700 MEDICAL LANE  
FORT MYERS FL 33907

Mailing Address

SUITE #17  
9371 CYPRESS LAKE DRIVE  
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

Principal Place of Business

9371 CYPRESS LAKE DRIVE

Suite, Apt. #, etc.

SUITE #17

City &amp; State

FT MYERS FL

Zip

33919

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

65-0726676

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.☐ Yes☐ No

9. Name and Address of Current Registered Agent

DITTMER, FRED D  
SUITE #17  
9371 CYPRESS LAKE DRIVE  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

## OFFICERS AND DIRECTORS

LE	PD	<input type="checkbox"/> DELETE
ME	FREUND, RICHARD	
REET ADDRESS	1700 MEDICAL LANE	
Y-ST-ZIP	FORT MYERS FL 33907	
LE	STD	<input type="checkbox"/> DELETE
ME	DITTMER, FRED D	
REET ADDRESS	1700 MEDICAL LANE	
Y-ST-ZIP	FORT MYERS FL 33907	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FREUND, RICHARD	
1.3 STREET ADDRESS	9371 CYPRESS LAKE DR SUITE 17	
1.4 CITY-ST-ZIP	FT MYERS, FL 33919	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DITTMER, FRED D	
2.3 STREET ADDRESS	9371 CYPRESS LAKE DR SUITE 17	
2.4 CITY-ST-ZIP	FT MYERS, FL 33919	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD FREUND

6/30/99

941-481-3737

CR2034 (5/99)