03-06-1999 90133 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098828

 Corporation 	Name						
D. E. BLANCO CONSTRUCTION, INC.					1 (\$\$ \$11 \$\$) 110 (\$110 \$\$) 110 (\$\$	RASIA (DIOL SULA) INITA'	4188) 1018 1 881
Principal Place of Business Mailing Address						10119 1818; 16161 18110 I	
4863 OAK POINTE WAY 4863 OAK POINTE WAY							
SARASOTA FL 34233 SARASOTA FL 34233				DO NOT WRITE IN THIS SPACE			
						HIS SPACE	
					3. Date Incorporated or Qualifed 12/04/1996		1
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 26					65-0723417	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27			J. Certificate of Status Desired	Fee Red	
City & State	-	City & State			6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country Zip		Country		This corporation owes the current year Personal Property Tax.		No I
24 25 29 30 9. Name and Address of Current Registered Agent			30]		10. Name and Address of New Registe		
9. Name and Address of Current Registered Agent			81	Name			
BLANCO, DOUGLAS E			-	O4 A A d d d	/D O Bay Number is Net Assentable)		
4863 OAK POINTE WAY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
Sarasota FL 34233			83			<u></u>	
			84	City		85 Zip C	Code
				1		FL `	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named corporation	pration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its a	registered gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statutes	i.			•
SIGNATURE		WOTE:	D. sistema i	nt signature required	Lwhen reinstating) DAT	ž	í
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	il signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	3,1,0,2,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0		11 TITLE			☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	• · · · · == · · · · · ·		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	<u> </u>		
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	BLANCO, DEBORAH A		2.2 NAME				
STREET ADDRESS	4863 OAK PT WAY		2 3 STREE	TADDRESS			l
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREE	TADORESS		•	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE		•	Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			,
CITY-ST-ZIP		E) pci ctr	4.4 CITY-S	T-21P		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			_ Gridings	
NAME				T ADDRESS			ł
STREET ADDRESS			5.5 STREE				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS