## 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 # P96000100199

1. Corporation Name

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90212 048 \*\*\*150.00

D.J. EDI	DER CONSTRUCTION, INC.			<u>    1841744    145   18119   1881   18</u>	111 <b>13</b> 111 <b>1411</b> 1 11 <b>1</b> 11 1		
Principal Plac	ce of Business	Mailing Address					
4647 S MOON		D.J. EDDER CCONSTRUCTIO	N INC				
PORT ORANGE FL 32119 P.O. BOX 352086 PALM COAST FL 32135				DO NOT	WRITE IN THIS	SPACE	
1		US		3. Date Incorporated or Qua	lifed		
				12/10/1996			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		App	lied For
21 326	MUDDY BLUD	26		59-34 15823		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desir	ed 🗆	<b>\$8.75</b> Ad	
22		27		J. Commonder of Charles Common		Fee Req	uired
City & Stat		City & State		6, Election Campaign Finan	cing 🗆	\$5.00 N	
	LER BEACH FL.	28		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the	current year int		751-
24 32/3		<del></del>	30	Personal Property Tax.	ou Dogistors		□No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of N		WARIII	
EDD	ER, DONALD J		V Name	DONALD J. E			
	7 S MOON TRAIL		I 82 F Street	Address (P.O. Box Number is Not Ad	ceptable)		
	IT ORANGE FL 32119		83	4 BERKSHIRE	<u></u>		
1011	II OIVANGETE SETTS		83				
			84 City	PALM COAST	FL	85 Zip Ci	ode
	to the provisions of Sections 607.050						
l office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corr	oration's board of directors. I hereby	accept the appoi	neneni as regi	stereu
SIGNATURE	Signature, typed or printed name of registered age		Registered Agent signature	required when reinstating)	DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE	VP	~ ~.7	Change	Addition
NAME	EDDER, DONALD J		. 1.2 NAME	MARY A. ED.			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS	PALM COAST	~ /	<b>~</b> ~ . ~ .	
CITY-ST-ZIP	PORT ORANGE FL		1.4 C/TY-ST-ZIP	PALM COAST	<i>F-</i> 2.	32/3/	/
TITLE	VST	DELETE	2.1 TITLE			Change	Addition
NAME	EDDER, CANDACE G	,	2.2 NAME				
STREET ADDRESS	1						
CITY-ST-ZIP	PORT ORANGE FL		2.3 STREET ADDRESS				
TITLE			2.4 CITY-ST-ZIP			Change	☐ Addition
NAME		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
STREET ADDRESS		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			Change	Addition
O I I I I I I I I I I I I I I I I I I I		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			Change	Addition
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				_
1		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME				_
CITY-ST-2IP			2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE				_
CITY-ST-2IP TITLE NAME		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE				_
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR