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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100776

1. Corporation Name

BENCHMARK COMMERCIAL CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address		I ISSUEDE HE ISDE SUIT BRILL BRILL BRILL SELL SELL ISSUE BRILL ISSUE
1548 THE GREENS WAY 1548 THE GREENS WAY				
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 3225			250	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
•				01/01/1997
2 Oringinal D	lace of Business	2a. Mailing Address		4. FEI Number Applied For
⊢ ¬ '	lace of business	- 1510 mile Com	NS MAN	59-3415163 Not Applicable
21 Suite Ant	H ato	26 15 48 1HE GREE Suite, Apt. #, etc.	102 WIF1	\$8 75 Additional
□			,-	5. Certificate of Status Desired Fee Required
City & Stat	0	City & State		6 Flection Campaign Financing \$5.00 May Re
23	-	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	ה ·	Personal Property Tax.
24	9. Name and Address of Current		J	10. Name and Address of New Registered Agent
81 Name				
AHERN, FRED L JR			82 Stree	A Address (D.O. Roy Number in Not Accoptable)
2215 SOUTH THIRD STREET			62 Stree	at Address (P.O. Box Number is Not Acceptable)
SUITE 101			83	
JACKSONVILLE BEACH FL 32250				
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam				d 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.				
	im familiar with, and accept the obligati	ons or, section our coos, i londs	d Glatotes.	
SIGNATURE	Signature, typed or printed name of registered egent	and title if applicable. (NOTE: Re	gistered Agent signatur	e (equired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, WILLIAM K		1.2 NAME	,
STREET ADDRESS	1548 THE GREENS WAY		1.3 STREET ADDRES	s
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322	50	1,4 CiTY-ST-ZiP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, RICHARD G		2.2 NAME	•
STREET ADDRESS	ACAD THE COPENIO WAY		2.3 STREET ADDRES	s
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322	50	2. 4 CrTY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PLUMB, JONATHAN D		3.2 NAME	
STREET ADDRESS	1548 THE GREENS WAY		3.3 STREET ADDRES	s
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322	50	3.4. CITY-ST-ZIP	
TITLE	ST ST	□ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUFFINE, BRENDA K	i	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	s
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322	50	4.4 CITY-ST-ZIP	
TITLE	ONOTION DESCRIPTION OF THE OPEN	DELETE	5.1 T/ILE	Change Addition
NAME		1	5.2 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

医动物性性脑膜切迹 电影響

STREET ADDRESS

STREET ADDRÉSS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

tikso OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition