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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90029 005 ***150.00



PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014883

1. Corporation Name

MIKE CARTER CONSTRUCTION OF TENNESSEE, INC.

Principal Place of Business

**1227 9TH AVENUE WEST
BRADENTON FL 34205**

Mailing Address

**1227 9TH AVENUE WEST
BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-0727517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, ADRON H
3119 MANATEE WEST
BRADENTON FL 34205**

81 Name

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

83

84 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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTER, MICHAEL M	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCOGGINS, W GREER	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAURO, CAROLYN A	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARK J.	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BORTHWICK, ROGER A	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALMER, JOEL	
STREET ADDRESS	1227 9TH AVE W	
CITY-ST-ZIP	BRADENTON, FL 34205	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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

Date

Daytime Phone #

CR2E034 (11/98)

0481143