

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000018688

1. Corporation Name
COLONIAL CONSTRUCTION COMPANY, INC.

Principal Place of Business

1811 ENGLEWOOD RD
#300
ENGLEWOOD FL 34223

Mailing Address

1811 ENGLEWOOD RD
#300
ENGLEWOOD FL 34223

FILED

99 SEP 27 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0807156

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.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
480 S INDIANA AVE
ENGLEWOOD FL 34223

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

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)

9/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
LAWRENCE, PERRY S
STREET ADDRESS
11997 CASANDRA AVENUE
CITY-STATE-ZIP
PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME
D
MELLOR, VICTOR
STREET ADDRESS
1895 NEW POINT COMFORT RD
CITY-STATE-ZIP
ENGLEWOOD FL 34223

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D
LAWRENCE, PERRY S
1.3 STREET ADDRESS
P.O. BOX 605
1.4 CITY-STATE-ZIP
PLACIDA, FL 33946

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D
VICTOR MELLOR
2.3 STREET ADDRESS
1090 GULF BLVD
2.4 CITY-STATE-ZIP
ENGLEWOOD FL 34223

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
100003007871--0
-10/06/99--01080--029
3.3 STREET ADDRESS
***750.00 ***750.00
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

Perry S. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERRY S LAWRENCE

9-15-99 (941) 698-4180

Daytime Phone #

0102236

CR2E034 (5/99)

KE