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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90227 022 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000031660

1. Corporation Name  
**SIKES CONSTRUCTION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1904 LISEBY AVE  
 PANAMA CITY FL 32405  
 US

Mailing Address  
 P O BOX 35415  
 PANAMA CITY FL 32412  
 US

3. Date Incorporated or Qualified  
**04/07/1997**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number  
**59-3442176**

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

9. Name and Address of Current Registered Agent

**SIKES, HUBERT L JR.**  
**129 PALM HARBOUR BLVD**  
**PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1904 Lisenby Ave.**  
 83  
 84 City **Panama City** 85 Zip Code **FL 32405**

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]* DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **SIKES, HUBERT L JR.**  
 STREET ADDRESS **129 PALM HARBOUR BLVD**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE  DELETE  
 NAME **SULLIVAN, BOBBY N**  
 STREET ADDRESS **13704 SUNRISE LN**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32409**

TITLE  DELETE  
 NAME **BOWEN, STACIE R**  
 STREET ADDRESS **9219 RESOTA BEACH RD**  
 CITY-ST-ZIP **PANAMA CITY FL 32409**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **Sikes, Hubert L. Jr.**  
 1.3 STREET ADDRESS **1904 Lisenby Ave.**  
 1.4 CITY-ST-ZIP **Panama City, FL 32405**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **St Bowen, Stacie R.**  
 3.3 STREET ADDRESS **9315 Gobbler Circle**  
 3.4 CITY-ST-ZIP **Panama City, FL 32409**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)