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 # **P97000034754**1. Corporation Name

CONSTRUCTION MERITED SERVICES, INC.

Principal Place of Business Mailing Address				. 1001100111111111111111111111111111111	*************************************	., 6.0. (68)	
118 S. NEW HAMPSHIRE AVENUE TAVARES FL 32778		P. O. BOX 74 TAVARES FL 32778 US			DO NOT WRITE IN	THIS SPACE	
		•			3. Date Incorporated or Qualifed 05/01/1997		
2. Principal Place of Business 2a		2a. Mailing Address			4. FEI Number 59-3446131	— · · ·	ed For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Add	ditional uired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to 1	
Zip 24	Country Zip 25 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent	
FRASIER, ROBERT D 118 S. NEW HAMPSHIRE AVENUE			81	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
TAVA	ARES FL 32778		83 84	City		FL 85 Zip Co	de
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, FI	orida Statutes		on's board of directors. I hereby accept the		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 12
TITLE	D	☐ DELETE				Change	☐ Addition
NAME	FRASIER, ROBERT D		1.2 NAME				
STREET ADDRESS	ALO O MENULIANDONNE NOTANIE		1.3 STREET	ADDRESS			1
CITY-ST-ZIP	TAVARES FL 32778		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE 2.1 TI				Change	☐ Addition
NAME	FRASIER, TERRY L		22 NAME				
STREET ADDRESS	118 S. NEW HAMPSHIRE AV	enue	2.3 STREE	TADORESS			
CITY-ST-ZIP	TAVARES FL 32778		2. 4 CITY-5	ST-ZIP			
TITLE	· — >- DELETE		31 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP_			3.4. CITY- 5	T-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			43 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	***		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	1			ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	}		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90098 040 ***150.00