

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 # P97000035367

1. Corporation Name

JOHN ALAN CONSTRUCTION, INC.

Principal Place of Business

3433 SOUTH WESTMORELAND AVENUE
ORLANDO FL 32805

715 KUHLE AVE.
ORLANDO, FL 32801-3713

Mailing Address

P.O. BOX 661606 N/A
ORLANDO FL 32805-0006
US

715 KUHLE AVE
ORLANDO, FL
32801-3713

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90010 042 ***550.00

392000 - 30010 - 72



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3440875

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THRAILKILL, JOHN A
3433 SOUTH WESTMORELAND AVENUE
ORLANDO FL 32805

CORRECTED

81 Name THRAILKILL, JOHN A.

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

715 KUHLE AVE.

83

84 City ORLANDO

FL

85 Zip Code 32801

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

TITLE PVST

NAME THRAILKILL, JOHN A

STREET ADDRESS 3433 SOUTH WESTMORELAND AVENUE

CITY-ST-ZIP ORLANDO FL 32805

TITLE D

NAME THRAILKILL, JOHN A

STREET ADDRESS 3433 SOUTH WESTMORELAND AVENUE

CITY-ST-ZIP ORLANDO FL 32805

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PVST

THRAILKILL, JOHN A.

715 KUHLE AVE.

ORLANDO, FL 32801-3713

THRAILKILL, JOHN A.

715 KUHLE AVE.

ORLANDO, FL 32801-3713

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN THRAILKILL

7/9/99

(407)
316-8887

Date

Daytime Phone #

CR2E034 (5/99)