## 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 # P97000038912

Country

9. Name and Address of Current Registered Agent

25

1270 BURNING TREE LANE

PIKE, ROBERT C

1. Corporation Name

City & State

Zip

24

PRW CONTRACTORS, INC.				
Principal Place of Business	Mailing Address	_		
1270 BURNING TREE LANE WINTER PARK FL 32792	1270 BURNING TREE LANE WINTER PARK FL 32792			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State

Zip

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90190 009 \*\*\*150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

□No

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

04/29/1997 4. FEI Number

59-3443323

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WINI	ER PARK FL 32792		83		-			ļ		
			84	City		85	Zip Co	de et		
				-	FL					
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	1:	3.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	5 IN 12		
TITLE	PD 🗆	DELETE 1.1	TITLE			☐ Cha	nge	☐ Addition		
NAME	WEIDEMILLER, MARK	1.2	NAME					İ		
STREET ADDRESS	4737 HOLLYBERRY DR	1.3	STREET	ADDRESS				- 1		
CITY-ST-ZIP	ORLANDO FL 32812	1.4	CITY-S	-ZIP						
TITLE		DELETE 2.1	TITLE			☐ Cha	nge	Addition		
NAME	RAMER, MICHAEL	2.2	2.2 NAME							
STREET ADDRESS	880 LK STERLING COURT	2.3	STREET	ADDRESS				ļ		
CITY-ST-ZIP	CASSELBERRY FL 32707	2.	2. 4 CITY-5							
TITLE		DELETE 3.1	3.1 TITLE			Cha	nge	Addition		
NAME	DIKE, ROBERT	3.2	3.2 NAME		PIKE, ROBERT	•		ĺ		
STREET ADDRESS	1270 BURNING TREE LA	3 3	STREET	ADDRESS	-			ŀ		
CITY-ST-ZIP	WINTER PARK FL 32792	3.4	CITY-S	T-ZIP						
TITLE		DELETE 4.1	4.1 TITLE			☐ Cha	nge	Addition		
NAME		4.	NAME							
STREET ADDRESS		43	STREET	ADDRESS				1		
CITY-ST-ZIP			CITY-S	-ZIP						
TITLE			TITLE			Cha	nge	Addition }		
NAME		5.2	NAME					Ì		
STREET ADDRESS				ADDRESS				ł		
CITY-ST-ZIP			CITY-S	r-ZiP						
TITLE		OLLETE	TITLE			Cha	nge	☐ Addition		
NAME		6.2	NAME					ļ		
STREET ADDRESS				ADDRESS				f		
CITY-ST-ZIP		6.4	CITY-S		d in Section 110 07/2/(i) Florido Statutos Lifuthor con	415 . Ale c 4	4h - 1- F			

Country

81 Name

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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.

IN URS ENTO PIKE D SIGNATURE:

CR2E034 (11/98)