ANNUAL REPORT

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000039168

1. Corporation Name

**FILED** Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90009 025 \*\*\*150.00

CONST	HUCTION BRAWING SERV	ICE, INC.			. I I A A II BA II A IA I BA II A BA I	asid sant tares	(1118-1918) (161	<b>.</b>
Principal Plac	ce of Business	Mailing Address				PRINTERNITOR	HEALD COUNTY READ	A COUNT HAS COME
5149 W. EVITA		P.O. BOX 1314						
		DUNNELLON FL 34430			DO NOTIV	OTE IN TUIC	CDACE	
us					3. Date Incorporated or Qualific	RITE IN THIS	SPACE	
					05/01/1997	JU		
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FE) Number	<del></del>	A	oplied For
21 26				_	<b>59</b> -3447400		N	ot Applicable
	#, etc	"Suite, Apt. #, etc:			5. Certificate of Status Desired			Additional
22		27			<del></del>			equired
City & State City & State					6. Election Campaign Financin	<sup>9</sup> 🗆		May Be to Fees
Zlp	Country	Zip	Çou	ntry	8. This corporation owes the c	urmet vest lets		10 FEES
24	26	and the state of t	30	**************************************	Personal Property Tax.	nitotit year nite	Yes	No
24	9. Name and Address of Curr		7		10. Name and Address of Nev	Registered A	gent	
		·		81 Name	I. RANDALL HAN			P. A
POST, WILLIAM A					dress (P.O. Box Number is Not Acce			
20702 W-EENN AVENUE					5353 SW COLL		D	
DUI	VINELLON FL 34431			83		<del>.</del>		
				84 City			85 Zip	Code
				' (	DCALA	FL	1 ! ろ~	4 <del>4</del> 7 <del>4</del>
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the at	ove-named co	poration submits this statement for the	ne purpose of c	hanging its	registered
agent. I a	registered agent, or both, in the States am (agniliar yigth, and accept the oblic	gations of Section 607.0505, Fibri	de Slah	rtes.	april acque of careerors, I fibriday acc			9.5.6.00
SIGNATURE	L. Fandall	Hannett CP				3-22-	77	
	Signature, byped or printed name of registered as			Apent signature requi		DATE	OIDEAT	DC IN 12
12.		IND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO C	FFICERS AND	Change	Addition
TITLE	D COM ED MAND I	□ netere	1.1 TIT 1.2 NA	1			Chambe	C) yourse.
NAME	FOWLER, WYLAND L 5149 W. EVITA LANE			REET ADDRESS	•			
STREET ADORESS	DUNNELLON FL 34431			Y-ST-ZIP	•			
CITY-ST-ZIP	DS DOMNECEON VE SHOT	☐ DELETE	2.1 117				Change	☐ Addition
NAME	FOWLER, JANET L.	<del>-</del>	22 NW	WE				
STREET ADDRESS			23 ST	REET ADDRESS	·			
CITY-ST-ZIP	DUNNELLON FL 34431		•	IY-ST-ZIP				
TITLE		☐ DELETE	3.1 7/1				Change	Addition
NAME								
STREET ADDRESS			3.2 NA	WE				
CITY-ST-ZIP			1	ME REET ADDRESS				
TITLE			23 STF	,				
		- DELETE	23 STF	REET ADDRESS	<del></del>		. Change	Addition
NAME			3.3 STF 3.4. C/I	REET ADORESS TY-ST-ZIP			Change -	<del></del>
NAME STREET ADDRESS		☐ DELETE	3.3 STF 3.4. C/I 4.1 T/III 4.2 NA	REET ADORESS TY-ST-ZIP			. Change -	Addition
			3.3 STF 3.4. C/I 4.1 T/II 4.2 NA 4.3 STF 4.4 C/II	REET ADDRESS IY-ST. ZIP LE ME ME REET ADDRESS Y-ST. ZIP				}
STREET ADDRESS		O DELETE	3.3 STF 3.4. C/I 4.1 T/II 4.2 NA 4.3 STF 4.4 C/II 5.1 T/III	REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE			_ Change _	<del></del>
STREET ADDRESS CITY-ST-ZIP			3.3 STF 3.4. C/I 4.1 T/II 4.2 NA 4.3 STF 4.4 C/II 5.1 T/III 5.2 NA	REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME				}
STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STF 3.4 C/I 4.1 T/I 4.2 NA 4.3 STF 4.4 C/I 5.1 T/II 5.2 NA 5.3 STF	ME				}
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STF 3.4 CFT 4.1 TO D 4.2 NA 4.3 STF 4.4 CFT 5.1 TITE 5.2 NA 5.3 STF 5.4 CFT	ME M			Change	Addition
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STF 3.4 C/I 4.1 Tota 4.2 NA 4.3 STF 4.4 C/IF 5.1 Tota 5.2 NA 5.3 STF 5.4 C/IF 6.1 Tota 6.1 Tota 6.1 Tota 6.1 Tota 6.1 Tota 6.2 NA	ME M				}
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4 C/I 3.4 C/I 4.1 T/II 4.2 NA 4.3 STF 4.4 C/IF 5.1 T/III 5.2 NA/I 5.4 C/IF 6.1 T/IR 6.2 NA/I	ME M			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STF 3.4 C/I 4.1 To II 4.2 NA 4.3 STF 4.4 C/IF 5.1 TITE 5.2 NA 5.3 STF 5.4 C/IF 6.2 NA 6.3 STF	ME M			Change	Addition

14. I hereby certify that the information supplied with this filling 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 express with all other like empowered.

WYCAND L. Fourier.