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**

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90154 020 ***150.00

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DOCUMENT # P97000042912

1. Corporation Name

AMERICAN GENERAL CONTRACTING CONSTRUCTION, INC.

Principal Plac	e of Business	2 10041000 HQ 10111 100H		=+010 H UIU I	19161 HUIG HOI (88)				
% LEE J. COPELAND %LEE J. COPELAND 1703 LENNA AVE. PO BOX 174 SEFFNER FL 33584 SEFFNER FL 33583					DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qu	alifed			
	<u>'</u>				05/14/1997				
 i		2a. Mailing Address	Mailing Address		4. FEI Number			Applied For	
21 26			Suite, Apt. #, etc.		59-3444635	<u> </u>	¢0.7	Not Applicable 5 Additional	
22 27					5. Certificate of Status Des		Fee Required		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zip	Country	28 Zip	Cou	ntry	8. This corporation owes the	o ourrant vons In		eu to rees	
	25		30	,	Personal Property Tax.	e current year in	Yes	□No	
24	9. Name and Address of Cur		30		10. Name and Address of	New Registered			
	3. Haine and Address of Cur	Total Colleges on Lineau		81 Name	10.	4			
COPELAND, LEE J				92	32 Street Address (P.O. Box Number is Not Acceptable)			<u> </u>	
1703 LENNA AVE.				82 Street A	Address (M.O. Box Number is Not A	ссертавте)	ule)		
SEF	FNER FL 33584			83					
				04 675	- H-11		leel ·	Zin Code	
				84 City		FL	85 2	Zip Code	
SIGNATURE	Signature, typed or printed name of registered			Agent signature re	quired when reinstating)	DATE		OTOPS IN 12	
12.	OFFICERS	AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES	TO OFFICERS A	ND DIREC		
TITLE	COPELAND, LEE J	C) DELETE	1.1 TII 1.2 NA		DI PECTOR	ATYPEPA	_	.go <u>—</u>	
NAME	4700 I CAINIA AUC		1	REET ADDRESS	P.O. BOX 10644		i .		
STREET ADDRESS	SEFFNER FL 33584		1	TY-ST-ZIP	TAMPA, FL 330	79			
CITY-ST-ZIP TITLE	OLITHER TE 30304	DELETE	2.1 TIT		عدد المهرين		☐ Char	nge Addition	
NAME		_,	2.2 NA					_	
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TITLE		☐ DELETE	5.1 TI				☐ Char	nge 🗌 Addition	
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CITY-ST-ZIP		□ ac: cre	5.4 CI 6.1 TT	TY-ST-ZIP			Cha	nge	
TITLE		☐ DELETE		1			☐ Char	ige 🗆 Mudition	
NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	Ī		6.4 CI	TY-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 or an attachment with an address) with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR