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 # P97000047010

F & E CONSTRUCTION SERVICES, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90032 033 ***150.00



| Principal Place of Business Mailing Address 17641 SEIDNER ROAD 17641 SEIDNER ROAD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 | | | | | | | |
|--|---|---|--|----------------------------|--|--------------------------|-------------------------------|
| | | | | | DO NOT WRITE IN THIS S | PACE | |
| | | | | | 3. Date incorporated or Qualifed 05/28/1997 | | - |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | T A | pplied For |
| 21 . 26 | | | | 59-3434814 | _ | ot Applicable | |
| Suite, Ap | | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| City & State 28 | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 | May Be to Fees |
| Zip 24 | Country 25 | Zip Country 29 | | | 8. This corporation owes the current year Intang | | □No |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Ag | | LINO |
| CARTER, W.A. 6120 CASTLEWOOD LANE | | | | 81 Name | | | |
| | | | | Sileel Ad | dress (P.O. Box Number is Not Acceptable) | | |
| ORLANDO FL 32808 | | | 83 | | 191 F 182 191 192 1931 1931 1931 1931 1931 | 1883 3889 | 109136155 |
| | | | | | | | |
| | | | 84 | City | The second secon | 85 Zip (| Code Code |
| 11. Pursuant office or agent, I a | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga | 02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid | , the above norized by a Statutes. | e-named con the corpora | rporation submits this statement for the purpose of characteristics to board of directors. I hereby accept the appointment | anging its ent as re- | registered gistered |
| SIGNATURE | | | | | | | |
| 40 | Signature, typed or printed name of registered age | | gistered Agent | signature requi | ired when reinstating) . DATE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTO | RS IN 12 |
| TITLE | | | 1.1 TITLE | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 1.2 NAME | | | | · (|
| STREET ADDRESS CITY-ST-ZIP | | | 1.3 STREET | | # | | } |
| TITLE | | | 1.4 CITY-ST | - <u>ZI</u> P | | | |
| NAME | | | i | | |] Change | Addition |
| STREET ADDRESS | | | 2.2 NAME | | | | ĺ |
| CITY-ST-ZIP | | • • | 2.3 STREET | 1 | | | |
| 7.75 | | | 2.4 CITY-ST | -ZIP | | | |
| NAME | . : | . Detele | 3.1 TITLE | | |] Change | Addition |
| STREET ADDRESS | ** | | 3.2 NAME | | | | |
| CITY-ST-ZIP | * | | 3.3 STREET | 1 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | idate da en e | , tal. 1 . 18 . 18 . 21 18 t. |
| 71TI E | | | 3.4. CITY-ST- | ZIP | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |

CITY-ST-ZIP 6.4 CITY-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 efficiency of the corporation or the receiver or trusted 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: Joe! Hen

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

407-817-6937

☐ Change

Change

☐ Addition

Addition

Change Addition