FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000048791

BIG D CONSTRUCTION, INC.

Principal Place of Business 1525 MAPEL DR. FORT MYERS FL 33907 Mailing Address

1525 MAPEL DR. FORT MYERS FL 33907

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90144 030 ***150.00



DO NOT WRITE IN THIS SPACE

	•					3. Date Incorporated or Qualified 06/02/1997		
		2n Mailing Adds					plied For	
─ `	Place of Business	2a. Mailing Addr	655			1	ot Applicable	
21 Cuita Ant	44	26 Suite Anta#	etc .			\$8.75	'	
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired Fee Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added	to Fees	
Zip	CountryZip			untry		8. This corporation owes the current year Intangible		
25 29			30			Personal Property Tax.	□No	
	9. Name and Address of Currer	nt Registered Agent		Щ,		10. Name and Address of New Registered Agent		
_				81	Name			
	rtt, david			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	ELLICOTT CIRCLE		52 Street Addi		Oli Odi Tilaana	Juless (1.0. Dox Number is Not not probley		
POF			83			t		
1. 4 ° 014. 1158 (A. 1996)						00 7:-	0-4-	
				84	City	FL 85 Zip	Code	
dd Dimina	to the provinces of Continue 607 050	2 and 607 1508 Flori	da Statutes the	ahove	a-named corno	oration submits this statement for the purpose of changing its	registered	
office or i	registered agent, or both, in the State	of Florida, Such chan	ge was autnorize	юру	tne corporatioi	on's board of directors. I hereby accept the appointment as re	gistered	
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.	0505, Florida Sta	tutes		,		
SIGNATURE								
	Signature, typed or printed name of registered age				t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DS IN 12	
12.	T -	ND DIRECTORS	13		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition	
TITLE	D			TITLE		Ondrigo		
NAME				NAME				
STREET ADDRESS				STREET	ADDRESS			
CITY-ST-ZIP	Y-ST-ZIP PORT CHARLOTTE FL 33938-0077				T-ZIP			
TITLE		□ D	ELETE 2.1	IIILE		☐ Change	☐ Addition	
NAME			2.2	NAME				
STREET ADDRESS	3		2.3	STREET	ADDRESS	المستح فالمنطيق المستان والعالم الرازان الموالي والمتروا	-	
CITY-ST-ZIP			2.4	CITY-S	T-ZIP			
TITLE				TITLE		· Change	☐ Addition	
NAME			321	NAME				
					ADDRESS			
STREET ADDRESS			1	CITY-S				
CITY-ST-ZIP				TITLE	1:-611	Change	Addition	
TITLE			1	NAME			_	
NAME			1					
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change	Addition	
TTTLE		نا لــا		TITLE NAME		Change	LJ Addidon	
NAME								
STREET ADDRESS	6				T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE				TITLE		☐ Change	☐ Addition	
NAME			6.2	NAME				
STREET ADDRESS	s		6.3	STREE	T ADDRESS			
CITY-ST-ZIP			6.4	CITY-S	T-ZIP			
U111-31-2P	1					Service 440 07(0)(i) Elected Statutes I further cortifu that the	:_f	

4. 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 informatio 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 op an attachment with an address, with all other like empowered.

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 April 1999 941 625752

CR2E034 (11/98)