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 # **P97000054220** 1. Corporation Name

STREET ADDRESS

SIGNATURE:

SUNRISE FENCE & CONSTRUCTION CO. OF S.W. FLORIDA , INC.

							. 	410 D 113 1 0 0 1 13 0
Principal Place of Business Mailing Address						, , <u>, , , , , , , , , , , , , , , , , </u>		
5027 SW 16TH PLACE, F103 205 SE 9TH TERR								
CAPE CORAL FL 33914		CAPE CORAL FL 33	CAPE CORAL FL 33990			DO NOT WRITE IN THIS SPACE		
		US			<u> </u>		E IN THIS SPACE	
						3. Date incorporated or Qualifed		
			- <u>-</u>			06/19/1997		
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Number	Щ	Applied For
21		26				65-0783711	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. 27			etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.6	00 May Be
23		28				Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre	11	1991		1	0. Name and Address of New R	egistered Agent	
	3. Name and Address 5. Carre	regional regions		81 Name				
KEYE	es, robert f jr.							
205 SE 9TH TERR.				82 Street	Address	(P.O. Box Number is Not Accepta	ole)	
CAPE CORAL FL 33990				83				}
				84 City		· · · · · · · · · · · · · · · · · · ·	85 2	Zip Code
							FL ° ′	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the at	ove-named	corporat	tion submits this statement for the	purpose of changing	g its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change	was authorized	by the corp	oration's	board of directors. I hereby accep	t trie appointment as	s registered
	Trialinal With and accept the oblig	duono on occuent corne	20, 1 101122					ļ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Registered	Agent signature i	required wh	en reinstating)	DATE	
12.		ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12
TITLE	D	☐ DEL	ETE 1.1 TIT	LE	1		☐ Char	nge 🔲 Addition
NAME	KEYES, ROBERT F JR.		1.2 NA	ME				į
	205 SE 9TH TERR.			REET ADDRESS				Í
STREET ADDRESS								1
CITY-ST-ZIP	CAPE CORAL FL 33990	☐ DEL		IY-ST-ZIP			☐ Char	nge Addition
TITLE	VP.							ago
NAME	Richard A Jense	enJr	2.2 NA	ME				
STREET ADDRESS	JOSSETHITEXED	CP 2000	2.3 ST	REET ADDRESS				
CITY-ST-ZIP	Cani Colate	PC 22770	2. 4 C	TY-ST-ZIP	<u> </u>			
TITLE		☐ DEt	.ETE 3.1 TΓ	LE			Char	nge 🗌 Addition
NAME	Denisem Jense	1	3.2 NA	ME				
STREET ADDRESS	JOE STATH TOWNS	1/2	3.3 \$1	REET ADDRESS	1			
CITY-ST-ZIP	278782 12 12 12 12 12 12 12 12 12 12 12 12 12	3249N	34 C	TY-ST-ZIP				
TITLE	L'april Color Le	□ DEL					Char	nge 🔲 Addition
NAME	N		4. 2 N					
	Donna A Reyes			REET ADDRESS				
STREET ADDRESS	200 SEYTHTRUIC	5209n						
CITY-ST-ZIP	Cape Coral 120	309.10 DEL		TY-ST-ZIP	1		☐ Chai	nge Addition
TITLE	Į į	i D€L	5.1 II 5.2 NA					J
NAME							•	
STREET ADDRESS				REET ADDRESS	1		•	
CITY-ST-ZIP				TY-ST-ZIP	<u> </u>			
TITLE		☐ D£L					☐ Chai	nge 🗀 Addition
I NAME :			6.2 N	ME	1			

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 office 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90003 025 ***150.00