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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000058937**1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

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| NEW ED | ITTION CONTRACTING & RE | EMODELING, INC. | | | | | | |
|--|---|--|--|--|---|----------------------------|---|---|
| Principal Place | e of Business | Mailing Address | | | P INDEFINAL LINE FORM COMES DUI | | \$1 BILDI 30LID IBIL | |
| 36 N. TRIPLETT | r lake dr. | 36 N. TRIPLETT LAKE DR. | | | | | | |
| CASSELBERRY FL 32707 CASSELBERRY FL 32707 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | ŀ | 3. Date Incorporated or Quali | | | * |
| | | | | ĺ | 07/03/1997 | | | ĺ |
| | lace of Business | 2a, Mailing Address | | | 4. FEI Number | | | pplied For |
| | - AANIN AUE | 26 717 GlADWIN | SAUE | | <u>59-3457358</u> | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | Ì | 5. Certifcate of Status Desired | ı 🗀 | \$8.75 Fee R | Additional |
| City & State | | City & State | | | | | | |
| 23 FELN | | 28 FERN PARK | FI | | Election Campaign Financia Trust Fund Contribution | ^{ng} □ | | May Be to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the o | current vear I | | |
| 24 <i>32</i> 73 | 0 25 USA | 29 32730 3 | O USA | | Personal Property Tax. | ,,,,, | ☐ Yes | XÑo |
| | 9. Name and Address of Curren | | | | 10. Name and Address of Ne | w Registere | d Agent | |
| OUA | LLE DIOVY B | | 81 Nar | me | | | | |
| QUALLS, RICKY D 36 N. TRIPLETT LAKE DR. | | | 82 Stre | eet Address | s (P.O. Box Number is Not Acc | eptable) | | |
| | SELBERRY FL 32707 | | | | | | | |
| OAG | OLLDERIN I E GEFOF | | 83 | 714 6 | PARK AUE | | | |
| | | | 84 City | 600 | Deer | F | 85 Zip | Code |
| | | | | | | | <i>ه 1.7 ا</i> سا | (75) |
| 11 Purcupat | to the provisions of Sections 607 050 | 2 and 607 1609 Florida Statutes | the above nam | and compre | tion submits this statement for | the nurness | of changing its | registered |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State | of Florida. Such change was aut | horized by the co | ned corpora | ation submits this statement for | the purpose occept the app | of changing its ointment as re | s registered egistered |
| office or re agent. I a | to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was aut | horized by the co | ned corpora | ation submits this statement for | the purpose occept the app | of changing its cointment as re | s registered egistered |
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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 agrilpal 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 acciver or trustee empower the 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 attactment with an address print all other like empowered.

SIGNATURE: