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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061783

1. Corporation Name

EMORY CONSTRUCTION CO., INC.



Principal Place of Business
**8665 PINETREE DRIVE NORTH
SEMINOLE FL 33772**

Mailing Address
**8665 PINETREE DRIVE NORTH
SEMINOLE FL 33772**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOMBARDI, RITA A
13642 SERENA DR
LARGO FL 33774**

81 Name **Rita A. Lombardi**

82 Street Address (P.O. Box Number is Not Acceptable)
430 Park Place Blvd.

83 **Suite 600**

84 City **Clearwater**

85 Zip Code **FL 33759**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rita A. Lombardi*
Signature, typed or printed name of registered agent and title if applicable.

Rita A. Lombardi

February 15, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MONTIE, CHRISTOPHER J**
STREET ADDRESS **8665 PINETREE DR N**
CITY-ST-ZIP **SEMINOLE FL 33772**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **LOMBARDI, RITA A**
STREET ADDRESS **13642 SERENA DR**
CITY-ST-ZIP **LARGO FL 33774**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Rita A. Lombardi**
2.3 STREET ADDRESS **8665 Pinetree Drive North**
2.4 CITY-ST-ZIP **Seminole, FL 33772**

TITLE **D** ☒ DELETE
NAME **PIAZZA, JOHN J SR**
STREET ADDRESS **13160 110TH AVE. N.**
CITY-ST-ZIP **LARGO FL 33774**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita A. Lombardi* **SIGNATURE REQUIRED** **Rita A. Lombardi** **2/15/99** **(727)793-9300**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)