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 # P97000063478

1. Corporation Name

R. D. CHEATWOOD CONSTRUCTION COMPANY

Principal Place	of Business	Mailing Address						
4204 BAYMEAD	OWS RD	4204 BAYMEADOWS						
JACKSONVILLE FL 32217		JACKSONVILLE FL 32217		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed			
					07/21/1997			
2 Principal Pl	ace of Business	2a. Mailing Addres	s		4. FEI Number		pplied For	
	abb of boomers	26			59-3467302	l N	lot Applicable	
Suite, Apt.	# atc	Suite, Apt. #, e	tc.	· · ·		\$8.75	Additional	
	#, etc.	27			5. Certifcate of Status Desired	Fee F	Required	
22		City & State			6. Election Campaign Financing	_ \$5.00	May Be	
City & State	e	28			Trust Fund Contribution		to Fees	
23	Country	Zip	Cou	untry	8. This corporation owes the curr	ent vear Intangible	•••	
Zip	<u> </u>		30	,	Personal Property Tax.	Yes	□No	
24	25	29	30		10. Name and Address of New F	Registered Agent		
· · · · · ·	9. Name and Address of Current	Registered Agent		81 Name			_	
F01	COBB							
F&L CORP.				82 Street Ad	dress (P.O. Box Number is Not Accepta	able)		
200 LAURA ST., THIRD FLOOR								
JACI	KSONVILLE FL 32202			83				
				84 City		85 Zip	Code	
					•	FL		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the a	bove-named co	orporation submits this statement for the	purpose of changing if	ts registered	
	egistered agent, or both, in the State of m familiar with, and accept the obligat				ation's board of directors. I hereby accep	or the appointment as i	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.00	100, i londa otal					
SIGNATURE	Signature, typed or printed name of registered agen	s and title if analicable	(NOTE: Registerer	d Agent signature requ	uired when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	TORS IN 12	
	D	□ DEL	LETE 1.1 TI	ITLE	•	Change	e	
TITLE	L =		1.2 N					
NAME	CHEATWOOD, RICHARD D		1,210	Parity				
STREET ADDRESS	8168 MADEIRA DR.		400	TOTET ADODESS				
CITY-ST-ZIP				TREET ADDRESS		<i>:</i>		
1	JACKSONVILLE FL 32217		1.4 C	CITY-ST-ZIP			e 🗆 Addition	
TITLE	JACKSUNVILLE FL 32217	☐ DEI	1.4 C	CITY-ST-ZIP			e Addition	
NAME	JACKSUNVILLE FL 32217	☐ DEI	1.4 C	CITY-ST-ZIP		∵ ☐ Change	e Addition	
	JACKSUNVILLE FL 32217	□ DEI	1.4 CI LETE 2.1 TI 2.2 N	CITY-ST-ZIP		./ ☐ Change	e Addition	
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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 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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

D. CHEATWOOD

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90042 031 ***150.00