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 # P97000071634

KARGAR CONSTRUCTION INC.

Principal Place	e of Business	Mailing Address			(120(102) 110 12(1) 12(1) 02(1) 04(1) 06(1) 02(1) 18(0) 116(2) 11(1) 01(2)
1620 S CLYDE	MORRIS BLVD	1620 S CLYDE MORRIS BLVD			
STE 200		STE 200			DO NOT WRITE IN THE CRACE
DAYTONA BEAC	CH FL 32119	DAYTONA BEACH FL 32119			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US			
					08/18/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3470338 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired
22		27			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	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Nam	ame
HUG	HES, BARRY E		-	04	A Address (D.O. Boy Number in Not Assentable)
1620	S CLYDE MORRIS BLVD		82	Stre	reet Address (P.O. Box Number is Not Acceptable)
STE	200		83	\vdash	
	TH DAYTONA FL 32119			l	
000	III DATIONALE OZITO		84	City	ity 85 Zip Code
				<u> </u>	· • · · · · · · · · · · · · · · · · · ·
office or r	enistered agent or both in the State -	of Florida. Such change was author	nzea ov	the co	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes		•
SIGNATURE					
	Signature, typed or printed name of registered agen			nt signatu	ature required when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE (D	☐ DELETE	1.1 TITLE		
NAME	KARGER, MICHAEL		1.2 NAME		
STREET ADDRESS	P O BOX 1215 N/A		1.3 STREE	T ADDRE	RESS
CITY-ST-ZIP	PORT ORANGE FL 32129	l l	1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		T:	2.2 NAME		
STREET ADDRESS	1		2.3 STREET	TADDRES	RESS
CITY-ST-ZIP			2. 4 CITY+S		
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		
			3.3 STREE		PEGS .
STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	1-ZIP	Change Addition
ΠLE			4,1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		RESS
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME		:	5.2 NAME		
STREET ADDRESS		<u> </u>	5.3 STREE	T ADDRE	RESS
CITY-ST-ZIP			5.4 CITY-S	T-ZIP `	· · · · · · · · · · · · · · · · · · ·
TITLE		. DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	S. Stephen and J. Harris and J. Lindson, S. C.		6.2 NAME -		
070507 10000000	-		6.3 STREET	T ADDRES	RESS C.

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 exemption 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.

6.4 CITY: ST-ZIP

SIGNATURE:

CITY-ST-ZIP

UNTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90074 016 ***150.00