Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90127 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078046

1. Corporation Name

CORAL CREEK CONSTRUCTION CONTRACTORS, INC.

Principal Place of Business Mailing Address								7	* 10011001 110 10111 10011 00111 00111 00111	,,,, 48 ()((****	, 51.5 5 1.11 1 6 5 1	
4140 WARING F LAKELAND FL		PO BOX 5246 Lakeland FL 33807				DO NOT WRITE IN THIS SPACE							
							٠.	3.	Date Incorporated or Qualifed	_		*	
									09/08/1997				
2. Principal Pt	ace of Business		2a. Mailing Address				4.	FEI Number		. App	lied For		
21			26				<u> </u>	59-3470840			Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	ı	\$8.75 A			
22			27				<u> </u>			Fee Rec			
City & State			City & State				6.	Election Campaign Financing]	\$5.00 1	, ,		
23	<u>`</u>	Zip Country					+-	Trust Fund Contribution	, <u>-</u>	Added to	rees		
Zîp ·					¬ ´	Jountry			This corporation owes the current personal Property Tax.	year Inta		□No	
24	25 29 30							10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent							Name				<u> </u>		
DURHAM, MARIE S						L				_			
4140 WARING RD					82	1	Street Addre	ess (F	P.O. Box Number is Not Acceptable)	1		1	
LAKELAND FL 33811						+		-		_			
						84 City 85							
,						1	City	FL 85 Zip Code			ode .		
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		aisternd Aggs	nt ci	ignature required	Lubea	rainstatina)	DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.							indistrate tedanor		ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	RS IN 12 .	
TITLE	DPC	0,1,02,101,012				1.1 TITLE			,		☐ Change	Addition	
NAME .		DURHAM, MARIE S			1.2 NAME								
STREET ADDRESS					1.3 STREE	1.3 STREET ADDRESS							
C/TY-ST-ZIP	A A A COMPANIE OF THE A A A A A A A A A A A A A A A A A A A				1.4 CITY-S	1.4 CITY-ST-ZIP							
TITLE	DELETE				2.1 TITLE					☐ Change	Addition		
NAME					2.2 NAME					•			
STREET ADDRESS	•				2.3 STREET ADDRESS				•				
CITY-ST-ZIP					2. 4 CITY-ST-ZIP							· .	
TITLE	☐ DELETE 3					3.1 TITLE					Change	☐ Addition	
NAME			•		3.2 NAME		•		•			٠	
STREET ADDRESS	3.3				3.3 STREE	3.3 STREET ADDRESS						Ì	
CITY+ST-ZIP			····		3.4 CITY-5	ST-Z	ZIP						
TITLE	*		☐ DEL	ETE	4.1 TITLE						☐ Change	☐ Addition	
NAME					4. 2 NAME								
STREET ADDRESS		r		!	4.3 STREE	T AC	DORESS					l	

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 appears with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

☐ Change

Addition

Addition