PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90003 008 ***150.00

DOCUMENT # P97000078308

1. Corporation Name

CLASS A GENERAL CONTRACTORS, INC.

Principal Place of Business	_
Fillicipal Flace of Business	
755 S. ATLANTIC AVE.	

Mailing Address

|--|

Maling Address		1	
755 S. ATLANTIC AVE. COCOA BEACH FL 32931 COCOA BEACH FL 32931		DO NOT WRITE IN THIS SPA	ACE
		3. Date Incorporated or Qualifed 09/10/1997	
2a. Mailing Address		4. FEI Number	Applied For
26		59-3471076	- Not Applicable
Suite, Apt. #, etc.			8.75 Additional Fee Required
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cou 29 30	ntry		ble Yes □No
rrent Registered Agent		10. Name and Address of New Registered Age	nt
	81 Name		
	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	83		
	84 City	FL ⁸	5 Zip Code
	COCOA BEACH FL 32931 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cou 29 30 urrent Registered Agent	COCOA BEACH FL 32931 2a. Mailing Address 26	COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed 09/10/1997 4. FEI Number 59-347-1076 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 30 Country 4. FEI Number 59-347-1076 5. Certifcate of Status Desired Trust Fund Contribution Trust Fund Contribution 8. This corporation owes the current year Intanging Personal Property Tax. Current Registered Agent 10. Name and Address of New Registered Age 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and tit	e if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE	Cha	nge	
NAME	reuter, rene e		1.2 NAME			
STREET ADDRESS	755 S. ATLANTIC AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	☐ Cha	nge Addition	
NAME	,		2.2 NAME			
STREET ADDRESS			- 2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	□ Cha	nge Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Cha	nge Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Cha	nge Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Cha	nge Addition	
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY. ST. 7ID	· .		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.