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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90207 034 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000079627

1. Corporation Name

NAUTILUS CONSTRUCTION GROUP, INC.



Principal Place of Business

~~13577 ADMIRAL CT.~~  
FT. MYERS FL ~~33912~~

Mailing Address

~~13577 ADMIRAL CT.~~  
FT. MYERS FL ~~33912~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0780866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 12734 Kenwood Lane

Suite, Apt. #, etc.

22 Suite 77

City & State

23 Ft. Myers, FL

Zip

24 33907

Country

25

2a. Mailing Address

26 12734 Kenwood Lane

Suite, Apt. #, etc.

27 Suite 77

City & State

28 Ft. Myers, FL

Zip

29 33907

Country

30

9. Name and Address of Current Registered Agent

~~— MCFADDEN, JULIE —~~  
~~— 12800 UNIVERSITY DR., STE. 800~~  
~~— FT. MYERS FL 33907 —~~

10. Name and Address of New Registered Agent

81 Name

Shelly A. Derouen

82 Street Address (P.O. Box Number is Not Acceptable)

1953 Colonial Boulevard

83

84 City

Ft. Myers

FL

85 Zip Code

33907

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

*Shelly A. Derouen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/99

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME STATON, LEE

STREET ADDRESS ~~13577 ADMIRAL CT.~~

CITY-ST-ZIP FT. MYERS FL ~~33912~~

TITLE PTD ☐ DELETE

NAME MCKENZIE, JOHN JOSEPH

STREET ADDRESS ~~13577 ADMIRAL CT.~~

CITY-ST-ZIP FT. MYERS FL ~~33912~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 12734 Kenwood Ln., Ste. 77

1.4 CITY-ST-ZIP Ft. Myers, FL 33907

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 12734 Kenwood Ln., Ste. 77

2.4 CITY-ST-ZIP Ft. Myers, FL 33907

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*John J. McKenzie*

John J. McKenzie, Pres.

2/3/99

941/275-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)