

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90018 048 ***158.75

DOCUMENT # P97000082112

1. Corporation Name
RILEY WAYNE CONSTRUCTION

Principal Place of Business
561 OLD GENEVA ROAD
GENEVA FL 32732

Mailing Address
561 OLD GENEVA ROAD
GENEVA FL 32732



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

59-3471790

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONIGLIO, LAURA M
561 OLD GENEVA ROAD
GENEVA FL 32732

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CONIGLIO, LAURA M
STREET ADDRESS 561 OLD GENEVA ROAD
CITY-ST-ZIP GENEVA FL 32732

1.1 TITLE V
1.2 NAME MacDonald, Michael J.
1.3 STREET ADDRESS 544 Land Avenue
1.4 CITY-ST-ZIP Longwood, FL 32750

TITLE V
NAME FILDES, MICHAEL BW
STREET ADDRESS 11280 E COLONIAL RD #6
CITY-ST-ZIP ORLANDO FL 32817

2.1 TITLE V
2.2 NAME Fildes, Michael B.
2.3 STREET ADDRESS 1736 Townsend Oak Circle
2.4 CITY-ST-ZIP Orlando, FL 32817

TITLE V
NAME EDWARDS, WILLIAM A
STREET ADDRESS 2612 LAUREL ST
CITY-ST-ZIP SANFORD FL

3.1 TITLE V
3.2 NAME Edwards, William A.
3.3 STREET ADDRESS 724 Suncrest Loop Apt. # 102
3.4 CITY-ST-ZIP Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Laura M. Coniglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura M. Coniglio

1-4-99

(407) 349-2929

Date

Daytime Phone #

CR2E034 (11/98)