03-08-1999 90028 049 \*\*\*150.00

## 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 # POTOGOROROR

1. Corporation D.E. CO	NSTRUCTION, INC.	J0020 <del>3</del> 0						
Principal Place of Business Mailing Address						- 3	(8118 11881 18118 1	ididi (di) iau;
3131 N CANAL DR.  PALM HARBOR FL 34684  3131 N CANAL DR.  PALM HARBOR FL 34684						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	OI AGE	
						09/25/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	olied For
26						59-3469923	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_	\$8.75 A	dditional
27						5. Certifcate of Status Desired	Fee Red	quired
City & State	е	City & State	City & State			6. Election Campaign Financing - Trust Fund Contribution	\$5.00 ( Added to	
Zip	Country	Zip	Country	/		8. This corporation owes the current year In-	tangible	
24	25		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
#437	00 1 00077		81	Name	9			
TAYLOR, J. SCOTT				Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
2909 W BAY TO BAY BLVD SUITE 403								
TAMPA FL 33629			83					
			84	City		FL	85 Zip C	ode
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by da Statutes	the con	poration	ration submits this statement for the purpose of 's board of directors. I hereby accept the appo	changing its intment as reg	registered ( pistered
	Signature, typed or printed name of registered ag			nt signature	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	DS IN 12
12.	PD OFFICERS A	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	· ·			1.1 TITLE				
NAME	EICHHOLT, LEWIS JR 3131 N CANAL DR.		1.2 NAME	T +000000				
STREET ADDRESS			1	TADDRES	۱			ļ
CITY-ST-ZIP TITLE	PALM HARBOR FL 34684	☐ DELETE	1.4 CITY-5 2.1 TITLE	61-ZIP	+		Change	Addition
	T							
NAME STREET ADDRESS			2.2 NAME	TADORÉS				
	PALM HARBOR FL 34684		2.4 CITY-		"			
CITY-ST-ZIP TITLE	FALM HANDON I E 34004	☐ DELETE	3.1 TITLE	31-ZF	+		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			1	TADDRES	s			Ì
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORES	s			ļ
CITY-ST-ZIP			4.4 CITY-5	ST- ZIP				
TITLE		☐ DELETÉ	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRES	s			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DEFELE	6.1 TITLE				☐ Change	☐ Addition
ALAKAT:	1		6.2 NAME		1			

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.

6.3 STREET ADDRESS

6.4 CfTY-ST-ZfP

SIGNATURE:

STREET ADDRESS

127 772-1019