## 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 # P9700083109

1. Corporation Name

AUSTIN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90134 040 \*\*\*150.00



24 LILLIAN HWY. SACOLA FL 32506		10024 LILLIAN HWY. PENSACOLA FL 32506								
						3 Date !	DO NOT ncorporated or Qua	WRITE IN THE	S SPACE	
							1/1997	aurea		
Principal Place of Business 2a. Mailing Address						4. FEI N	<u> </u>	·		Applied For
		26					170235			Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	_ <del> </del>				\$8.75 Additional			
City & Sta	te .	27				J. Cermic	ale of Status Desir	ed []		Required
ony a ciale		City & State				6. Election	6. Election Campaign Financing \$5.00 May Be			
Zip	Country						und Contribution		Added	to Fees
	25	_ <u>_</u> _	Cou	intry			rporation owes the	current year In	tangible	-
·	9. Name and Address of Curre	nt Registered Agent	30	т —			al Property Tax.		Yes	□No
			<del></del> -	81	Name	IU. Name	and Address of N	ew Registered	Agent	<del></del>
	TIN, WARREN E				_					
	24 LILLIAN HWY.			82	Street Ac	dress (P.O. Box	Number is Not Ac	ceptable)	*	
PEN	SACOLA FL 32506			83						
				00						
				84	City				85 Zip	Code
Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliging	02 and 607.1508, Florida Statutes of Florida. Such change was aut	, the at	oove by t	-named co	rporation submit	s this statement for irectors. I hereby a	the purpose of	changing it	s registered
NATURE	····· = ···· accept the bong	ations of, obction our .0303, Floric	Ja Slatt	ites.						ŭ
	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	egistered .	Agent	signature requ	ired when reinstating)		DATE		
		ND DIRECTORS	13.				NS/CHANGES TO		IN DIRECT	DPS IN 12
	D	☐ DELETE	1.1 717	LE				OT FOLKS FOR	[7] Change	☐ Addition
	AUSTIN, WARREN E		1.2 NA	ME						
TADDRESS			1.3 ST	REET	ADDRESS .					
ST-ZIP	PENSACOLA FL 32506		1.4 C/T	Y-ST-	ZIP					
i	D	☐ DELETE	2.1 ₹1Τ0	.E		}	<del>-</del>		Change	Addition
	AUSTIN, JOHANNA 🕻		2.2 NAM	Æ		:				
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			3.2 NAM	Æ						_
TADDRESS			3.3 STR	EETA	DORESS					}
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			4. 2 NAN	Æ	}		*			
ADDRESS			4.3 STR	EET A	DORESS					
f-ZIP			4.4 CITY		ZIP					İ
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ADORESS			5.3 STRE							
-ZIP		——————————————————————————————————————	5.4 CITY		IP					
		☐ DELETE	6.1 TITLE			_			Change	Addition
ADDDSSS			6.2 NAMI							1
ADDRESS			6.3 STRE		ł					1
-ZIP			6.4 C/TY-	ST-Z	ΨP					

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.

SNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99 850 455-9881