

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90084 040 \*\*\*150.00

DOCUMENT # P97000086711

1. Corporation Name

CONSTRUCTION MANAGEMENT INCORPORATED

Principal Place of Business

1028 WHITEHEAD STREET  
KEY WEST FL 33040

Mailing Address

1028 WHITEHEAD STREET  
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

65-0787668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 925 TRUMAN AVE.

2a. Mailing Address

26 925 TRUMAN AVE.

Suite, Apt. #, etc.

22 #4

Suite, Apt. #, etc.

27 #4

City & State

23 KEY WEST, FL.

City & State

28 KEY WEST, FL

Zip Country

24 33040

25 USA

Zip Country

29 33040

30 USA

9. Name and Address of Current Registered Agent

HAHN, DAVID J  
1028 WHITEHEAD STREET  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

HAHN, DAVID J.

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

925 TRUMAN AVE. #6

83

84 City

KEY WEST

FL

85 Zip Code

33040

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)

DAVID S. HAHN

04/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
PIKE, PETER M  
STREET ADDRESS 733 PRADO CIRCLE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ DELETE

NAME D  
BEEBE, DENNIS A  
STREET ADDRESS 3701 DUSK AVENUE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME D  
HAHN, DAVID J  
STREET ADDRESS 1113 GRINNELL STREET  
CITY-ST-ZIP KEY WEST FL 33040

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

Date

305 493 7074

Daytime Phone #

CR2E034 (1/98)

0152193