

FILE NOW: FILING FEE LATER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90282 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000087041 (4)**

1. Corporation Name  
**GOLDCREST CONSTRUCTION COMPANY**

Principal Place of Business  
**625 MAIN ST., STE. 102  
WINDERMERE FL 34786**

Mailing Address  
**625 MAIN ST., STE. 102  
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**10/08/1997**

4. FEI Number  
**59-3486524**

5. Certificate of Status Desired ☐ **\$8.75 Add**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 Add**

8. This corporation owes or has paid the current year  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business  
**21 37 N. Orange Avenue**  
Suite, Apt. #, etc.  
**22 Suite 800**  
City & State  
**23 Orlando, FL**  
Zip  
**24 32801** Country  
**25 US**

2a. Mailing Address  
**26 37 N. Orange Avenue**  
Suite, Apt. #, etc.  
**27 Suite 800**  
City & State  
**28 Orlando, FL**  
Zip  
**29 32801** Country  
**30 US**

9. Name and Address of Current Registered Agent  
**DULIN, RAMSEY W  
201 S. ORANGE AVE., STE. 1090  
ORLANDO FL 32801**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip C

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 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 its 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

ADDITIONS CHANGES TO OFFICERS AND DIRECTOR ☐ Change

12. OFFICERS AND DIRECTORS

|                 |                               |  |
|-----------------|-------------------------------|--|
| TITLE           | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAPLES, JOHN W</b>        |  |
| STREET ADDRESS  | <b>625 MAIN ST., STE. 102</b> |  |
| CITY - ST - ZIP | <b>WINDERMERE FL 34786</b>    |  |
| TITLE           | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME            | <b>KLEIN, JEFFREY L</b>       |  |
| STREET ADDRESS  | <b>625 MAIN ST., STE. 102</b> |  |
| CITY - ST - ZIP | <b>WINDERMERE FL 34786</b>    |  |
| TITLE           |                               | <input type="checkbox"/> DELETE            |
| NAME            |                               |  |
| STREET ADDRESS  |                               |  |
| CITY - ST - ZIP |                               |  |
| TITLE           |                               | <input type="checkbox"/> DELETE            |
| NAME            |                               |  |
| STREET ADDRESS  |                               |  |
| CITY - ST - ZIP |                               |  |
| TITLE           |                               | <input type="checkbox"/> DELETE            |
| NAME            |                               |  |
| STREET ADDRESS  |                               |  |
| CITY - ST - ZIP |                               |  |

|                     |                                      |  |
|---------------------|--------------------------------------|--|
| 1.1 TITLE           |                                      | <input type="checkbox"/> Change            |
| 1.2 NAME            |                                      |  |
| 1.3 STREET ADDRESS  |                                      |  |
| 1.4 CITY - ST - ZIP |                                      | <input checked="" type="checkbox"/> Change |
| 2.1 TITLE           |                                      |  |
| 2.2 NAME            |                                      |  |
| 2.3 STREET ADDRESS  | <b>37 N. ORANGE AVENUE, STE. 800</b> |  |
| 2.4 CITY - ST - ZIP | <b>ORLANDO, FLORIDA 32801</b>        | <input type="checkbox"/> Change            |
| 3.1 TITLE           |                                      |  |
| 3.2 NAME            |                                      |  |
| 3.3 STREET ADDRESS  |                                      |  |
| 3.4 CITY - ST - ZIP |                                      | <input type="checkbox"/> Change            |
| 4.1 TITLE           |                                      |  |
| 4.2 NAME            |                                      |  |
| 4.3 STREET ADDRESS  |                                      |  |
| 4.4 CITY - ST - ZIP |                                      | <input type="checkbox"/> Change            |
| 5.1 TITLE           |                                      |  |
| 5.2 NAME            |                                      |  |
| 5.3 STREET ADDRESS  |                                      |  |
| 5.4 CITY - ST - ZIP |                                      | <input type="checkbox"/> Change            |
| 6.1 TITLE           |                                      |  |
| 6.2 NAME            |                                      |  |
| 6.3 STREET ADDRESS  |                                      |  |
| 6.4 CITY - ST - ZIP |                                      |  |

**VICE PRESIDENT 4.27.99**

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 as 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 is attached with an address.