

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 049 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000091067**

1. Corporation Name

ACM CONSTRUCTION, INC.

Principal Place of Business
 2329 NE DIXIE HWY
 JENSEN BEACH FL 34957
 1129 NW 15TH STREET
 Stuart, FL 34994

Mailing Address
 2329 NE DIXIE HWY
 JENSEN BEACH FL 34957
 P.O. Box 183
 JENSEN BEACH, FL 34958-0183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1129 NW 15TH STREET
 Suite, Apt. #, etc.
 22 City & State
 23 Stuart
 Zip Country
 24 FL. 25 MARTIN 29 FL. 30 MARTIN

2a. Mailing Address
 26 P.O. Box 183
 Suite, Apt. #, etc.
 27
 28 City & State
 JENSEN BEACH
 Zip Country
 29 FL. 30 MARTIN

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

65-0734555

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **HARTLEY P. CAULFIELD**
 82 Street Address (P.O. Box Number is Not Acceptable)
 1129 NW 15TH STREET
 83
 84 City **Stuart** FL 85 Zip Code **34994**

9. Name and Address of Current Registered Agent

~~MELLE, MARGARET~~
 2329 NE DIXIE HWY
 JENSEN BEACH FL 34957

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAULFIELD, VICKY	
STREET ADDRESS	1129 NW 15TH ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	MELLE, MARGARET	
STREET ADDRESS	633 SW HILLSBORO CR	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAULFIELD, HARTLEY	
STREET ADDRESS	1129 NW 15TH ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MELLE, VICK	
STREET ADDRESS	633 SW HILLSBORO CR	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICKY CAULFIELD	
1.3 STREET ADDRESS	1129 NW 15TH STREET	
1.4 CITY-ST-ZIP	STUART, FL 34994	
2.1 TITLE	SEC/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARTLEY P. CAULFIELD	
2.3 STREET ADDRESS	1129 NW 15TH STREET	
2.4 CITY-ST-ZIP	STUART, FL 34994	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

CR2E034 (11/98)