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 # P97000092642

1. Corporation Name

GATCO CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address						
5747 WINKLER	ROAD	120 DEL PREDO BLVD						
FORT MYERS FL 33919		STE. 3		DO NOT WRITE IN THIS SPACE				
		CAPE CORAL FL 33990 US			3. Date Incorporated or Qualifed			
		•			10/24/1997		ļ	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
	LUVERNE STREET	26 3727 LUVERNE STREET			65-0790912	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75		
22		27		5. Certificate of Status Desired	~ Fee⋅Re	equired		
City & State		City & State			6. Election Campaign Financing			
23 FORT MYERS, FL		28 FORT MYERS, FL		Trust Fund Contribution	Added	to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible Yes	□No	
24 33901	25 U.S.	33901 30	U.S	•	Personal Property Tax.		□NO	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
MOORE, ROBERT M				MOOR	E, ROBERT M.			
	WINKLER ROAD	82 Stree		Street Ad	Idress (P.O. Box Number is Not Acceptable) LUVERNE STREET			
	T MYERS FL 33919		83	3/2/	LOVERNE STREET			
, •			00					
			84	City	MYERS. FI	85 Zip (Code 901	
FORT MYERS, FL. 33901								
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.								
/// ////////// DOPERT W MOODE DDEC (1/////// .)								
SIGNATURE	Signature, typed or spinted name of registered agent	uired when reinstating) DATE	' ' ' 	4-15 C				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DPST	☐ DELETE	1.1 TITLE			X Change	☐ Addition	
NAME	Moore, Robert M		1.2 NAME					
STREET ADDRESS	5747 WINKLER ROAD		1.3 STREET		3727 LUVERNE STREET		Ì	
CITY-ST-ZIP	FORT MYERS FL 33919		1.4 CITY-S	T-ZIP	FORT MYERS, FL 33901			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET					
CITY-ST-ZIP-		— — — — — — — — — — — — — — — — — — —	2.4 CITY-S	T-ZiP		☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			□ ouende		
NAME			3.2 NAME				1	
STREET ADDRESS			3.3 STREET	- 1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-217	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME			4.1 IIILE		2		_	
STREET ADDRESS			4.3 STREET	ADDRESS			Í	
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	-		☐ Change	☐ Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	ADORESS				
CITY-ST-ZIP	·		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	1		* .	ļ	
			63 STREET	LADUBESS :			ł	

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 of 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:

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90109 005 ***150.00