

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90014 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000092735

1. Corporation Name
TIGER CONSTRUCTORS, INC.

RECEIVED LATE &
 MAILED TO WRONG ADDRESS



| | |
|---|--|
| Principal Place of Business 32 N KIRKMAN, STE 2 ORLANDO FL 32811 SEE BELOW | Mailing Address 32 N KIRKMAN, STE 2 ORLANDO FL 32811 P.O. BOX 617047 ORLANDO, FL 32861 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|---|--|---|---|
| 2. Principal Place of Business 21 7081 Grand National Dr Suite, Apt. #, etc. 22 114 City & State 23 Orlando, FL Zip 24 32819 | 2a. Mailing Address 26 7081 Grand National Dr. Suite, Apt. #, etc. 27 114 City & State 28 Orlando, FL Zip 29 32819 | 3. Date Incorporated or Qualified 10/27/1997 | 4. FEI Number 59-3474105 | Applied For Not Applicable |
| Country 25 USA | Country 30 USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent POSPISIL, GERALD B 32 N KIRKMAN, STE 2 ORLANDO FL 32811 7081 GRAND NATIONAL DR SUITE 114 ORLANDO, FL 32819 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTISON, JACK G | 1.2 NAME | |
| STREET ADDRESS | 830 WILKINSON ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POSPISIL, JERRY | 2.2 NAME | |
| STREET ADDRESS | 2709 MIDSUMMER DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINDERMERE FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-99 (407) 570-2535

CR2E034 (1/98)

P97000092735
009817-90012-10

August 20, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

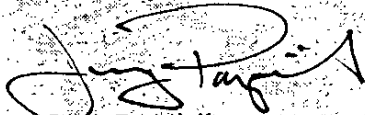
Subject: Tiger Constructors, Inc.

Ref. Number P97000092735

Our 1999 Annual Report information was sent to the wrong address. Please waive the late fee due to the fact that we did not receive this information in a timely manner.

Thank you for your consideration.

Sincerely,



Jerry Pospisil
Vice President

Attachment (1)

TIGER CONSTRUCTORS, INC.

P.O. BOX 617047 • ORLANDO, FLORIDA 32861 • 370-3470 • FAX 370-3120