Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90026 001 ***150.00

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

1. Corporation	MENT # P97000 NERAL CONTRACTORS, IN			. ,		* (88) (88) (18 (81) (88) (88) (88) (88)	18181 2 111 1281
Principal Place	Mailing Address	5					
1713 LONG STREET CLEARWATER FL 33755		1713 LONG STREET CLEARWATER FL 33755				DO NOT WRITE IN THIS SPACE	_
						3. Date Incorporated or Qualifed 11/17/1997	
2. Principal P	lace of Business	2a. Mailing Address	-				plied For
21		26		_		00000000	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 A Fee Re	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 Added to	•
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible	_
24	25	29	30			Personal Property Tax.	□No
·	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
HILDER NEWMAN, JAMES ERLAND				81	Name		_
1713 LONG STREET				82	82 Street Address (P.O. Box Number is Not Acceptable)		
	ARWATER FL 33755			83			
OLL	AND TEN I E GO/OG			83			_
}				84	City	FL 85 Zip (_
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s author	rized by	the corpo	corporation submits this statement for the purpose of changing its boration's board of directors. I hereby accept the appointment as re-	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Regi	stered Ager	nt signature re	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	_
TITLE	Р	☐ DELETE 1.1 T		1,1 TITLE	ĺ	☐ Change	☐ Addition
NAME HILDER NEWMAN, JAMES ERLAND			!	1.2 NAME		·	
STREET ADORESS	STREET ADDRESS 1713 LONG STREET			1.3 STREE	TADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755			1.4 CITY-S	T-ZIP		
TITLE	VD .	□ DELETE		21 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition

STREET ADDRESS

CITY-ST-ZIP

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 of on an attachment with an address, with all other like empowered.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE.

☐ DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5,4 CITY-ST-ZIP

4.4 CITY+ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SCHLAICH, DAVID GARY

NEWMAN, NANCY KAY

CLEARWATER FL 33755

1713 LONG STREET

1713 LONG STREET CLEARWATER FL 33755

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

727 -447-2394 Daytime Phone #

Change

Change

Change

☐ Change

Addition

☐ Addition

☐ Addition

Addition