

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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90055 039 \*\*\*150.00

DOCUMENT # P97000100878

1. Corporation Name

THOMAS LEDMAN CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

~~241 S COVE TERRACE~~  
PANAMA CITY FL 32401

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PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

59-3481362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business.

2a. Mailing Address

21 1007 Jenks Avenue

26 1007 Jenks Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Panama City, FL

28 City & State

24 Zip 32401 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDMAN, THOMAS W  
241 S COVE TERRACE  
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1007 Jenks Avenue

83

84 City

FL

85 Zip Code

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

*Thomas W. Ledman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE PST ☐ DELETE  
NAME LEDMAN, THOMAS W  
STREET ADDRESS 241 S. COVE TERRACE  
CITY-ST-ZIP PANAMA CITY FL 32401

1.1 TITLE President, Secretary, Treasurer ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1007 Jenks Avenue  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME LEDMAN, SEALY H  
STREET ADDRESS 241 S. COVE TERRACE  
CITY-ST-ZIP PANAMA CITY FL 32401

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Stanley H. Sealy  
2.3 STREET ADDRESS 1007 Jenks Avenue  
2.4 CITY-ST-ZIP Panama City, FL 32401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Thomas W. Ledman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99  
Date

850-295-6004  
Daytime Phone #

CR2E034 (11/98)

0058007