Mar 14, 1999 8:00 am

**Secretary of State** 

03-14-1999 90006 025 \*\*\*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

## DOCUMENT # P97000101282

1. Corporation Name

D AND O CONCEDUCTION INC

H AND C CONSTRUCTION,	inc.							
Principal Place of Business	ce of Business Mailing Address							
14312 CURLEY ROAD DADE CITY FL 33525	14312 CURLEY ROAD DADE CITY FL 33525			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualif 01/01/1998				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21	26			59-348088	<u>"</u> 写		Not Applical	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			<b>75</b> Additional e Required	
City & State	City & State	City & State			scing 55.00 May Be Added to Fees			
Zip Country	Zip 29 36	Country		This corporation owes the opersonal Property Tax.	current year Int	tangible Yes	□No	
9 Name and Address of Current Registered Agent				10. Name and Address of Ne	w Registered	Agent		
		81	Name					
NEUHOFER, RICHARD J 14312 CURLEY ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
DADE CITY FL 33525		83	<del></del>					
		84	City	·	FL	-   _   _	Zip Code	
office or registered agent, or both, in	ns 607.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was auth the obligations of, Section 607.0505, Florid	orized by	-named corp the corporation	poration submits this statement for on's board of directors. I hereby ac	the purpose of cept the appoi	changin intment a	g its registere is registered	
SIGNATURE	registered agent and title if applicable. (NOTE: Re	nistered Agen	signature require	ed when reinstating)	DATE			
	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRE	CTORS IN 12	
TITLE ST.	DELETE	1.1 TITLE		DIPIT		Cha		
NAME		12 NAME		PICHARD J. NEU	HOFER	<u>.</u>		
STREET ADDRESS		1.3 STREET		43:2 CURLEY E				

1.4 CITY-ST-ZIP DADE CITY CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE 70/V; CLARK G. EVANS, JZ. 2.2 NAME NAME 13627 13TH ST. 2.3 STREET ADDRESS STREET ADDRESS DADE CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change \_\_\_ Maddition DELETE 3.1 TMLE TITLE MICHAEL A. NEUHOFER 3.2 NAME NAME 14312 CURLEY RD. 3.3 STREET ADDRESS STREET ADDRESS DADE CITY FO 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: 丛

CR2E034 (11/98)