PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # P97000102674

INFRASTRUCTURE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

-	Principal Place of Business	Mailing Address
	204 ESCAMBIA ST MILTON FL 32570-6776	204 ESCAMBIA ST Milton Fl 32570-6776

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90058 005 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

12/01/1997

59-3487322

221		21	<u> </u>						
City & State	e	City & State			6. Election Campa Trust Fund Con	1	, ,	5.00 N dded to	
Zip	Country	Zip	Country		8. This corporation	n owes the current	year Intangibl		_
24	25	29	30		Personal Prope	erty Tax.	□ Ye	es [χNο
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Ad	dress of New Reg	istered Agent	<u> </u>	
			81	Name					
HUD	SON, THEODORE W		82	Street Addre	ass (P.O. Boy Numbe	r is Not Accentable	2)		
204 ESCAMBIA ST MILTON FL 32570-6776				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
								T 7:- C	
			84	City			FL 85	Zip C	жe
11 Oursuget	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	tes the above	-named corn	oration submits this st	atement for the pu	mose of chance	ing its r	egistered
office or n	registered agent, or both, in the State of	of Florida. Such change was a	authorized by '	tne corporatio	n's board of directors	. I hereby accept the	he appointmen	t as reg	stered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.						
SIGNATURE		ALDEE	: Registered Agen		Luban rejectation)		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	signature required		ANGES TO OFFIC		RECTOR	RS IN 12
		DELETE	1.1 TITLE					hange	Addition
TITLE	PD PERT BIOWY WAYNE		1.2 NAME					J	_
NAME	TOLBERT, RICKY WAYNE								
STREET ADDRESS	2997 HOLLEY POINT RD		1.3 STREET	- 1					
CITY-ST-ZIP	NAVARRE FL 32566-9506		1.4 CITY-ST	T- ZIP				hange	Addition
TITLE	STD	☐ DELETE	2.1 TITLE	1			XI c	hange	
NAME	HUDSON, THEODORE W		2.2 NAME						
STREET ADDRESS	5788 HERMITAGE CIR		2.3 STREET	ADDRESS 6	000 SOUTH	RIDGE RD			
CITY-ST-ZIP	MILTON FL 3257 <u>0-8747</u>	<u> </u>	2.4 CITY-S	T-ZIP M	ILTON FL	32570 ->		~	·
TITLE		☐ DELETE	3.1 TITLE					hange	Addition Addition
NAME -			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP	·		3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					hange	Additio
NAME			4. 2 NAME						
			4.3 STREET	ADDRESS					
STREET ADDRESS									
STREET ADORESS	Í	1	4.4 CITY- ST	r- <i>7</i> IP					Additio
CITY-ST-ZIP		. DELETE	4.4 CITY-ST 5.1 TITLE	r-zip		<u> </u>		Change	
CITY-ST-ZIP TITLE		. DELETE	_	r-ZIP	-1,-	<u></u>		Change	
CITY-ST-ZIP TITLE NAME		. DELETE	5.1 TITLE		_ 	<u> </u>		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		. DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS				Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME	ADDRESS				Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS				. <u>.</u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	ADDRESS I-ZIP				. <u>.</u>	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS 1-ZIP ADDRESS				. <u>.</u>	

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: