## 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 # **P97000108616**1. Corporation Name

SWEETSER CONSTRUCTION SERVICES, INC.

Principal Place of Business	
1821 CROSS CREEK WAY E	

Mailing Address

1821 CROSS CREEK WAY E DUNEDIN FL 34698

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90089 031 \*\*\*150.00



DUNEDIN FL 34	1698	DUNEDIN FL 34698			DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/26/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		_	59-3494931		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	94		5. Certifcate of Status Desired		Additional Required
City & State	е	City & State	FL		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	<sup>Zip</sup> 34697 34	Country O 121 N	reclas	This corporation owes the current y Personal Property Tax.	rear Intangible	□No
!	9. Name and Address of Curren	<del>- <u>                                    </u></del>			10. Name and Address of New Regis	stered Agent	
			81	Name			
SWEETER, WALTER T 1821 CROSS CREEK WAY E			82	82 Street Address (P.O. Box Number is Not Acceptable)			
DUN	EDIN FL 34698		83			<u> </u>	·- ·- ·
		ì	84	City		FL 85 Zip	o Code
office of r agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	·	on's board of directors. I hereby accept the	DATE	
40	Signature, typed or printed name of registered agen	D DIRECTORS	13.	t signature require	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	D OFFICERS AIN	DELETE	1.1 TITLE		ADDITIONO/OFFICE TO STATE	☐ Changi	
NAME	SWEETSER, WALTER T		1.2 NAME				
STREET ADDRESS	1821 CROSS CREEK WAY E		1.3 STREE	ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-S	i			
TITLE	DOTTED IN THE OTHER	☐ DELETE	2.1 TITLE	· <del></del>		☐ Change	e Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE	-	☐ DELETE	4.1 TITLE		•	Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CiTY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	e
NAME			52 NAME				
STREET ADDRESS	}		5.3 STREE				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP			e Addition
TITLE	1		O.I IIILE	ı		☐ Chang	e ⊟ Add@on

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 only an attactor with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR