## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000005549

TRADESMEN ON-SITE CORPORATION

Principal Pla	ice of Business	Mailing Address			[ f##if##: sie 4ME) sent bater agen anne and	SAIST MAINT SILLS	****** ****
12807 JEBB ISLAND CIRCLE SOUTH  12807 JEBB ISLAND CIRCLE  12807 JEBB I					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 01/16/1998		- 1
2. Principal Place of Business 2a. Mailing Address		<u> </u>		4. FEI Number 59 - 3488749	<u> </u>	Applicable	
21		· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 A	dditional	
22 City & State City & State		City & State	<u> </u>		8. Election Campaign Financing	\$5.00 Added to	May Be
Zip	Country	28 Zip	Coun	bry	Trust Fund Contribution  8. This corporation owes the current year Int	angible	□ No
24	25		30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Registered Agent	<del></del>	1 Name	In identa the vocass of the valishmen		
NRAI SERVICES, INC. 526 EAST PARK AVE TALLAHASSEE FL 32301				32 Street Add	ress (P.O. Box Number is Not Acceptable)		
j iAi	ILAHASSEE FL 32301		L	34 City		85 Zip C	ode
			- 1		<u></u>		
. ROBIN. I	am raminar with and accept one only	(800) 3 51, 0000011 001 .0000, 1 101					
SIGNATURE	Signature, typed or printed name of registered of	part and title if applicable. (NOTE:	Registered A	gent signeture require			
	Signature, typed or printed name of registered of	part and title if applicable. (NOTE:	Registered A	gent eigneture requir		ID DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered of	part and title if applicable. (NOTE:	13.	gent eigneture require	ed when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered of	part and title if applicable. (NOTE:	Registered A 13. 1,1 TITL 1.2 NAA	gent eigneture require	ed when reinstating) DATE	ID DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered of	part and title if applicable. (NOTE:	13. 1,1 TML 1,2 NAA 1,3 STR	gent eigneture require E E E EET ADDRESS	ed when reinstating) DATE	ID DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A GENERAL MANAGE, MICHAEL KAHC 12807 JEBB TSLO. JACKSONWILL, M	gant and tide if applicable. (NOTE:  IND DIRECTORS  RER DELETE  DEL  RER SJOOTH	13. 1,1 TITL 12 NAM 1,3 STR 1,4 CITL	gent algoriture require E E E E E T T T T T T T T T T T T T T	ed when reinstating) DATE	ID DIRECTOR	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS A GENERAL MANAGE. MICHAEL KAHCE 12807 Tebb Islan JACKLONUTULE, I BRESIDENT E MICHAEL KAHCE E MICHAEL KAHCE	part and the V applicable. (NOTE:  NDD DIRECTORS  DELETE  DE  ND CLICLE S  T. 32224  DELETE  DELETE	13. 1,1 TITL 12 NAM 1,3 STR 1,4 CIT 2,1 TITL 2,2 NAM 2,3 STR	E E EET ADDRESS '-ST-ZIP E EET ADDRESS	ed when reinstating) DATE	ID DIRECTOR	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY: ST-ZIP  TITLE  NAME  STREET ADDRES  CITY: ST-ZIP  TITLE  NAME  NAME	Signature. Typed or printed name of registered as OFFICERS A GENERAL MANAGE. MICHAEL KAHO 12807 Tebb ISla. JACKSONUTCLE, M BRESIDENT E MICHAEL KAHOE E MICHAEL KAHOE 15316 CLIFTON BL 15316 CLIFTON BL	gant and the V applicable. (NOTE  UND DIRECTORS  DELETE  DELETE  A CUCLL S.  T. 3224  DELETE  JR.  VD.	13. 1,1 TITL 12 NAA 1,3 STR 1,4 CITD 2,1 TITL 2,2 NAA 2,3 STR 7,2 4 CIT 3,1 TITL 3,2 NAA	gent agneture require E E E E E E E E E E T T T T T T T T T	ed when reinstating) DATE	iD DIRECTOR Change	RS IN 12 Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cooporation 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAE

STREET ADDRESS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90095 004 \*\*\*150.00