

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008357

1. Corporation Name

UNITED FLORIDA CONSTRUCTION, INC.

Principal Place of Business

**3714 HORATIO STREET
TAMPA FL 33609**

Mailing Address

**13014 N. DALE MABRY HIGHWAY
SUITE 313
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3513982

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**SCAGLIONE, THOMAS E
13014 N. DALE MABRY HIGHWAY
SUITE 313
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCAGLIONE, THOMAS E	
STREET ADDRESS	13014 N. DALE MABRY HIGHWAY, SUITE 313	
CITY-ST-ZIP	TAMPA FL 33618	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCAGLIONE, JEANNETTE	
STREET ADDRESS	13014 N. DALE MABRY HIGHWAY, SUITE 313	
CITY-ST-ZIP	TAMPA FL 33618	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIVEN, S R	
STREET ADDRESS	4513 S. TRASK STREET	
CITY-ST-ZIP	TAMPA FL 33611	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIVEN, BARBARA	
STREET ADDRESS	4513 S. TRASK STREET	
CITY-ST-ZIP	TAMPA FL 33611	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. SCAGLIONE

Date

Daytime Phone #

3/15/99 813-310-8200

CR2E034 (11/98)