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

1. Corporation Name

Principal Place		CONSTRUCTIO	N, INC.	Address								
13165 LANIER RD. 13165 LANIER RD.												
JACKSONVILLE FL 32226 JACKSONVILLE FL 32226									DO NOT WRITE IN THIS SPACE			
ļ								į	Date Incorporated or Qualifed 02/13/1998			
2. Principal Place of Business			2a. Mailing Address					FEI Number		- Ar	oplied For	
21			26				lacksquare	.65-08/33/	T	No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	□, .		Additional equired -	
City & State			City & State				6.	Election Campaign Financing		\$5.00	May Be ·	
23		28				I .	Trust Fund Contribution			to Fees		
Zip Country			Zip	Zìp Co			Country		This corporation owes the cur	rent year In	tangible	^/
25			29	30					Personal Property Tax.		☐ Yes	Mo No
	9. Name and A	ddress of Current	Registered	Agent				10.	Name and Address of New	Registered	Agent	
	LIC OFORCE W				1	81	Name					
	LIS, GEORGE W					82 Street Addre			O. Box Number is Not Accept	able)		
13165 LANIER RD. JACKSONVILLE FL 32226						-						_
JACI	NOOINVILLE I E 32	2220				83						
!						84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of	Sections 607.0502	and 607.15	08, Florida Statu	tes, the ab	ove	-named co	corporation	submits this statement for the	purpose of	f changing its	registered
office or r	egistered agent, or m familiar with, and	both, in the State of accept the obligation	Flonda. Su ons of, Sect	ion 607.0505, Fit	autnorized orida Statu	by ti tes.	ne corpor	ration \$ DO	ard of directors. I hereby acce	рг ине арро	Minnent as te	gistered
SIGNATURE												
	Signature, typed or printed	name of registered agent a	_		_ - -	Agent	signature req	quired when re		DATE	ND DIRECTA	3DC IN 12
12.	w2	OFFICERS AND	DIRECTOR	RS DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS A	☐ Change	Addition
TITLE	GEORGE	mullis		C) OCCETE	1.2 NA			Gran	مد ۱۸ ۱۰ ۱۱ ۲			3
NAME	0-0,(0)	. 100000				_	ADORESS	131	of Lawier	Road		
STREET ADDRESS							ADURESS	77/	ge Mullis les Lawier (cksonville FL	325	221.	
CITY-ST-ZIP				☐ DELETE	1.4 CIT 2.1 TIT		- 219	بير	CN SONVITTE / S	- 700	Change	Addition
)				ozze.z	2.2 NA							_
NAME STREET ADDRESS							ADDRESS					
1					2.4 CF					. :		
CITY-ST-ZIP		<u> </u>		DELETE	3.1 TIT		1-441				☐ Change	☐ Addition
NAME					3.2 NA	ME						
STREET ADDRESS					3.3 STI	REET	ADDRESS					
CITY-ST-ZIP		_			3.4. CF							
TITLE				☐ DELETE	4.1 TIT						Change	☐ Addition
NAME					4. 2 NA	ME						
STREET ADDRESS		•			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP					4.4 ÇIT							
TITLE			_	DELETE	5.1 TIT	LE					Change	☐ Addition
NAME					5.2 NA	ME						
STREET ADDRESS					5.3 ST	REET	ADDRESS					
CITY-ST-ZIP					5.4 CIT	Y-ST-	-ZIP					
TITLE				DELETE	6.1 TIT	LE					☐ Change	Addition

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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90009 009 ***150.00