

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

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

03-02-1999 90135 001 \*\*\*150.00

DOCUMENT # P98000017542

1. Corporation Name

KONITZER CONSTRUCTION & RESTORATION INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2456  
RIVERVIEW FL 33568-2456

POST OFFICE BOX 2456  
RIVERVIEW FL 33568-2456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

59-3506814

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

21 205 APOLLO BEACH BLVD.

Suite, Apt. #, etc.

22 # 104

City & State

23 APOLLO BEACH, FL

Zip Country

24 33572 25 HILLS.

2a. Mailing Address

26 205 APOLLO BEACH BLVD.

Suite, Apt. #, etc.

27 # 104

City & State

28 APOLLO BEACH, FL

Zip Country

29 33572 30 HILLS.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

Meliss F. KONITZER

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

205 APOLLO BEACH BLVD

83

# 104

84

APOLLO BEACH

FL

85 Zip Code

33572

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 has been 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 fee (if applicable)

NOTE: Registered Agent signature required when reinstating.

DATE

1-13-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KONITZER, MELISSA  
STREET ADDRESS POST OFFICE BOX 2456  
CITY-ST-ZIP RIVERVIEW FL 33568-2456

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 813-645-7401

CR2E034 (11/98)

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