


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90088 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000018892					
1. Corporation Name PILGRIM MCCALL CONSTRUCTION, INC.					
Principal Place of Business 2573 SW 18TH CT OKEECHOBEE FL 34974			Mailing Address 2573 SW 18TH CT OKEECHOBEE FL 34974		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/26/1998	
24		25		4. FEI Number Applied For	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCALL, LAURA A 2573 SW 18TH CT OKEECHOBEE FL 34974			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALL, WILLIAM R JR		1.2 NAME		
STREET ADDRESS	2573 SW 18TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PILGRIM, LARRY D		2.2 NAME		
STREET ADDRESS	6438 NW 24TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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

4/27/99

Date

941-357-8080

Daytime Phone #

CR2E034 (1/98)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

573110-90028-14
798000618892

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Pilgrim McCall Construction, Inc.	
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) P.O. Box 187	5a Business address (if different from address on lines 4a and 4b) 6438 N.W. 24th St.,
	4b City, state, and ZIP code OKeechobee, FL 34973	5b City, state, and ZIP code OKeechobee, FL 34972
	6 County and state where principal business is located OKeechobee, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 262-66-3867 Larry D. Pilgrim	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► construction
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Farmers' cooperative
	<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ► construction	<input type="checkbox"/> Banking purpose (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) 2/26/98	11 Closing month of accounting year (See instructions.) December
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12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► **10/1/99**

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ►

Nonagricultural	Agricultural	Household
2	0	0

14 Principal activity (See instructions.) ► **construction**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

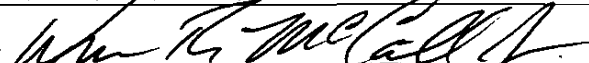
17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c. —

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► William R. McCall, Jr., as Vice Pres.	Business telephone number (include area code) (941) 357-2027
	Fax telephone number (include area code) (941) 357-8080

Signature ►  Date ► **6/8/99**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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