

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90014 003 ***150.00

DOCUMENT # P98000024157

1. Corporation Name

DONALD MCFARLAND CONSTRUCTION, INC.



Principal Place of Business
7062 S ALOYSIA AVE
FLORAL CITY FL 34436

Mailing Address
7062 S ALOYSIA AVE
FLORAL CITY FL 34436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3497736

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCFARLAND, DONALD
7062 S ALOYSIA AVE
FLORAL CITY FL 34436

81 Name

DONALD MCFARLAND

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

7062 S. ALOYSIA AVE.

83

84 City

FLORAL CITY

FL

85 Zip Code

34436

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

Donald McFarland

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRESIDENT

Change

Addition

1.2 NAME

DONALD MCFARLAND

1.3 STREET ADDRESS

7062 S. ALOYSIA AVE

1.4 CITY-ST-ZIP

FLORAL CITY, FLORIDA 34436

2.1 TITLE

VICE PRESIDENT

Change

Addition

2.2 NAME

DONALD MCFARLAND

2.3 STREET ADDRESS

7062 S. ALOYSIA AVE.

2.4 CITY-ST-ZIP

FLORAL CITY, FLORIDA 34436

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:

Donald McFarland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

(352) 726-7460

CR2E034 (1/98)