

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90041 002 ***150.00

DOCUMENT # P98000026332

1. Corporation Name

SOLID ROCK CONST., INC.

Principal Place of Business

24571 REDFISH STREET
BONITA SPRINGS FL 34134

Mailing Address

24571 REDFISH STREET
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

59-3506669

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

9. Name and Address of Current Registered Agent

MCLAY, JAMES H
24571 REDFISH STREET
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

MCLAY, JAMES H

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

83

3137 PONCE DE LEON DR

84 City

NAPLES

FL

85 Zip Code

34105

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

TITLE D ☐ DELETE
NAME MCLAY, JAMES H
STREET ADDRESS 24571 REDFISH STREET
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE
NAME MCLAY, ALLISON J
STREET ADDRESS 24571 REDFISH STREET
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

MCLAY, JAMES H

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3137 PONCE DE LEON DR

1.4 CITY-ST-ZIP

NAPLES FLA 34105

2.1 TITLE

MCLAY, ALLISON J

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

3137 PONCE DE LEON DR

2.4 CITY-ST-ZIP

NAPLES FLA 34105

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:

James H Mclay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

941 659-0602

Daytime Phone #

CR2E034 (11/98)

0461178