

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 19, 1999 8:00 am  
Secretary of State

04-19-1999 90072 016 \*\*\*150.00

DOCUMENT # P98000034692

1. Corporation Name

CHOICE CONTRACTING GROUP, INC.



Principal Place of Business

915 MAPLE RIDGE DRIVE  
PALM HARBOR FL 34683

Mailing Address

915 MAPLE RIDGE DRIVE  
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

59-3509462

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 1225 SOUTH MYRTLE AVENUE

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER, FL. 33756

24 Zip 33756

Country

25 PINELAS/USA

2a. Mailing Address

26 1225 SOUTH MYRTLE AVENUE

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FLORIDA

Zip

29 33756

Country

30 USA

9. Name and Address of Current Registered Agent

REICHERT, LOTHAR F  
915 MAPLE RIDGE DRIVE  
PALM HARBOR FL 34683

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

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 PRESIDENT ☐ DELETE

NAME LOTHAR F. REICHERT

STREET ADDRESS 915 MAPLE RIDGE ROAD  
CITY-ST-ZIP PALM HARBOR, FL. 34683

TITLE VICE PRESIDENT ☐ DELETE

NAME ROLAND J. ROGERS

STREET ADDRESS 516 MAYO STREET, P.O. BOX 676  
CITY-ST-ZIP CRYSTAL BEACH, FL. 34681

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 SECRETARY / TREASURER ☐ Change ☒ Addition

1.2 NAME ROBERT L. ECOCHARDT

1.3 STREET ADDRESS 8053 ISLE DRIVE  
1.4 CITY-ST-ZIP PORT RICHIE, FL. 34668

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME MICHAEL J. FIRMINER

2.3 STREET ADDRESS 3420 HILLMOOR DRIVE  
2.4 CITY-ST-ZIP PALM HARBOR, FL 34685

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, with an attachment with an address, with all other like empowered.

SIGNATURE:

LOTHAR F. REICHERT

4-13-99 (727) 449-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)