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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044148 1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90109 029 ***150.00

DOUG H	ARMON CONSTRUCTION,	INC.								
Principal Place	of Business	Mailing Address			,		† CBI BI	(0)00f II.		1611
216 SANDPIPER DRIVE CASSELBERRY FL 32707 216 SANDPIPER DRIVE CASSELBERRY FL 32707						DO ALOT MOITE IN	DITE IN THE CDACE			
						DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SI	ACE		
						05/15/1998				
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		
21		26	<u> </u>			59-3511509	-	\$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				aı
City & State		City & State				6. Election Campaign Financing		\$5.0	0 Мау В	,
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current ye	ear Intan	gible		
24	25	29	30			Personal Property Tax.		Yes	No	
	9. Name and Address of Curren	t Registered Agent		1-1	- <u>.</u> .	10. Name and Address of New Regis	tered Ag	ent		-
HAD	MONETINA	•		81	Name					}
	MON, TINA I SUN BANK CENTER			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				$\overline{}$
	ANDO FL			83		 				
ONL	ANDO I E			63						
				84	City		Fi	85 Zi	p Code	Ì
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change values of, Section 607.050	was authorize 5, Florida Stat	tutes.	ine corporation	ration submits this statement for the purpi s's board of directors. I hereby accept the	ose of ch appointr	anging nent as	its registe registered	red (
12.	Signature, typed or printed name of registered age	nt and title if applicable. ID DIRECTORS	(NOTE: Registere		t signature required t	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN	12
TITLE	D	D DIKECTORS		TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chang		ddition
NAME	HARMON, DOUGLAS D . 12N		VAME							
STREET ADDRESS				4000000						
CITY-ST-ZIP	CASSELBERRY FL 32707		1.3 S	STREET	ADURESS J					(
TITLE	DELETE 2.1 TI		1	STREET CITY-S <u>T</u>	1					4
11122		☐ DELE	1.4 C	CITY-ST	1]	Chang	e □A	ddition
NAME		☐ DELE	1.4 C TE 2.1 T	CITY-ST	1]	Chang	e □A	ddition
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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: 5