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

DOCUMENT # P98000044962

1. Corporation Name

BELMAR CONTRACTORS, INC.

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

05-01-1999 90098 017 ***150.00



						_{			
Principal Place	e of Business	Mailing Address							
48 SO. PENMAN RD. 48 SO. PENMAN RD.									
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BE			ACH FL 32250			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/15/1998			
2. Principal P	lace of Business /	2a. Mailing Address	L	_		4. FEI Number		Ar	plied For
21 934	I SHETTIN AVE	26 Belmas Cor	rhac	B	W. Inc	59-351848	5	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	n A	U	=	5. Certifcate of Status Desired			Additional equired
dity & State	Co Duilal	City & State	11. 5	2	40.	6. Election Campaign Financing			May Be
23 3 L /L.	30 Julias	28 JacksonVAL	<u>u 12</u>	la	41, 1204	Trust Fund Contribution			to Fees
Zip	Country	- CP 2 2 260 [⊣ິ"	, '''''''	uVal	8. This corporation owes the curr		ngible □Yes	□No
24	25	-	30 <u>(</u>		nva	Personal Property Tax. 10. Name and Address of New F			
•••	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New P	registered A	geni	
PEDI	er, richard c Jr.	["	1101116						
3020 HARTLEY RD., STE.350 JACKSONVILLE FL 32257					Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
						- List Merry			
				84	City			85 Zip	Code
	to the provisions of Sections 607.0502			Ш			FL	<u> </u>	no giote
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized	1 by 1	the corporation	n's board of directors. I hereby accep	ot the appoint	ment as re	egisterea
SIGNATORE	Signature, typed or printed name of registered agent		Registered	Agent	t signature required		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	DP	☐ DELETE	1.1 TI	ΠE				☐ Change	☐ Addition
NAME	HANNA, JOHN M JR		1.2 N	AME					
STREET ADDRESS			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322		_	TY-ST	r-ZiP	•		<u></u>	FT 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE	DVP	☐ DELETÉ	2.1 TT	TLE				Change	Addition
NAME	SOARES, JOAO		2.2 N	AME .		-			
STREET ADDRESS			2 3 ST	REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE BEACH FL 322		2.4 C	ITY-\$	T-ZIP				
TITLE		☐ DELETE	3.1 TF	TLE				☐ Change	Addition
NAME		•	3.2 NA	AME					
STREET ADDRESS			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TF	TLE				☐ Change	
NAME			4. 2 N	AME					
STREET ADDRESS	•		4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP				
TITLE .		DELETE	5.1 TI	TLE			•	☐ Change	Addition
NAME			5 2 N	AME					
STREET ADDRESS			5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-S?	r-ZIP				
TITLE		☐ DELETE	6.1 TT	πE				Change	☐ Addition
NAME			62 N	AME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST	r-ZIP				

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: