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 # P98000046635

MIKE HARRIS CONTRACTING INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90073 040 ***150.00



<u></u>					<u> </u>		<u> </u>
Principal Place of Business	Mailing Address						
155 31ST AVES.W.							
VERO BEACH FL 32968	FL 32968 . VERO BEACH FL 32968				DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
					05/19/1998		Į.
0.01.1.100	2a. Mailing Address				4. FEI Number	——————————————————————————————————————	pplied For
2. Principal Place of Business					59-3525858		ot Applicable
	((2,1)00			•	5 1- 33 23 83 8		Additional
Suite, Apt. #, etc.	——————————————————————————————————————				5. Certifcate of Status Desired	•	equired
22 City & Cityle	City & State			.	6. Election Campaign Financing		May Be
City & State				Ħ.	Trust Fund Contribution		to Fees
23 GANESVILLE FL	Country Zip Country				This corporation owes the current year Interest.		10 / 000
-r	- 22 W	30		SA	Personal Property Tax.	Yes	₩No
24 32641 25 USA		30	Щ	J J / 1	10. Name and Address of New Registered		
9. Name and Address of Current	registered Agent		81	Name	To. Harrie and Addition of Hotel Hogers		
SIGLER, GEORGE							
155 31ST AVE.,S.W.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32968			83				
VENO BEACH PL 32300			63				
			84	City	FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Elorida S	fatutes the a	hove	-named com	oration submits this statement for the purpose of	changing its	s registered
office or registered agent, or both, in the State of	Florida, Such change w	as autnonzed	ı by	the corporatio	n's board of directors. I hereby accept the appo-	ntment as r	egistered
agent. I am familiar with, and accept the obligation	ns of, Section 607.0505	, Florida Stati	utes	•			}
SIGNATURE	7cm	NOTE: D. Sara		nt signature required	4\2	11.3.3	
3,3,2,3,4,5,5			Ager	ir siðustnie tedmær	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECT	ORS IN 12
	DELET	13. E 1.1 TF	Π.F			Change	☐ Addition
	<u></u>	1.2 N					
NAME MICHAEL HARRIS				ADDRESS			į
STREET ADDRESS 2404 NE 12th AVE	201111						
CITY-ST-ZIP GAINESVILLE, FL	. <u>32691</u> □ DELET	1.4 CI		T-ZIP		Change	Addition
TIME SECRETARY	ר"ו חברבו						
NAME GEORGE SIGLER		2.2 N					
STREET ADDRESS 155 315T AVE SW_	2.0	1		FADORESS			ļ
CITY-ST-ZIP VERO BEACH	32968		_	ST-ZIP		☐ Change	Addition
TREASUREL	☐ DELET					☐ Criainge	Addition
NAME MICHAEL HARLI	\$	3.2 N/	AME				
STREET ADDRESS 2404 NE 121 A	C	3351	REE	ADDRESS			
CITY-ST-ZIP GALNESVILLE, T	- 3264)	3.4. C	TY-S	T-ZIP			
TITLE	☐ ĎELET	E 4.1 TI	TLE			Change	☐ Addition
NAME		4. 2 N	AME				
STREET ADDRESS		4.3 ST	REE	TADORESS			
CITY-ST-ZIP		4.4 CI	TY-S	T-ZIP	<u>.</u>		
TITLE	☐ DELET					☐ Change	Addition
NAME		5.2 N	AME				}
STREET ADDRESS		5.3 ST	TREE	1 ADDRESS			ļ
CITY-ST-ZIP		5.4 CI	TY-S	T-ZIP		_	
TITLE	☐ DELET	E 6.1 TI	TLE			Change	☐ Addition
NAME		6.2 N	AME				[
		6.3 ST	TREE	T ADDRESS			
STREET ADDRESS				T 71D			

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: