

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000052233**

Corporation Name
EMCO CONSTRUCTION, INC.

Principal Place of Business
**1063 ALLENWOOD DRIVE
RIVERVIEW FL 33569**

Mailing Address
**10263 ALLENWOOD DRIVE
RIVERVIEW FL 33569**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 013 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12204 BASS OAK Ct.

2a. Mailing Address
26 P.O. Box 727

3. Date Incorporated or Qualified
06/11/1998

4. FEI Number
59-3516162

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
Riverview, FL

City & State
28 Riverview, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
33569

Country
25 USA

Zip
29 33568-0727

Country
30 USA

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Elizabeth Berry**
82 Street Address (P.O. Box Number is Not Acceptable)
Bayport Plaza - Suite 1100
83 **6200 Courtney Campbell Causeway**
84 City **Tampa** FL 85 Zip Code **33607**

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 **Elizabeth Berry, Paralegal**

DATE **9/3/99**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ET ADDRESS	PSTD MORGAN, ERIC W 10263 ALLENWOOD DRIVE RIVERVIEW FL 33569	<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12204 BASS OAK Ct.
1.4 CITY-ST-ZIP	Riverview, FL 33569
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

GNATURE: **Eric W. Morgan**

DATE **9/1/99** 813-672-9019

CR2E034 (5/99)