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 # P98000053793

1. Corporation Name

FARRELL CONSTRUCTION, INC.

Principal	Place of	Business

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90025 017 ***150.00



Principal Place of Business	Mailing Address							
1701 PINEHURST ROAD #34A	1701 PINEHURST ROAD #34/	A						
DUNEDIN FL 34698	DUNEDIN FL 34698							
				DO NOT WRIT	E IN THIS	SPACE		
				3. Date Incorporated or Qualifed				
				06/15/1998				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number) · ·		plied For	
21	26			<u> -59-3511999</u>			t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22	27					Fee Re		
City & State	City & State			6. Election Campaign Financing	П	\$5.00		
23	28	4·		Trust Fund Contribution		Added to	o Fees	
Zip Country	├ ─ `	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.				
24 25		30		Personal Property Tax.			<u> </u>	
9. Name and Address of Current	Registered Agent		T	10. Name and Address of New R	legistered /	Agent		
FARRELL, WILLIAM		8	I Name	•			1	
1701 PINEHURST ROAD #34A		8:	82 Street Address (P.O. Box Number is Not Acceptable)					
	•		<u> </u>					
DUNEDIN FL 34698		83	3				ĺ	
		84	\$ City		_	85 Zip C	eho:	
•		0	City		FL	103 2.0		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named con	poration submits this statement for the	purpose of	changing its	registered	
office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligati	f Florida. Such change was auti	horized by	v the corporati	ion's board of directors. I hereby accep	t the appoir	itment as reg	gistered	
			.				ļ	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	ent signature require	ed when reinstating)	DATE		—— \	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE P, VP, T, S	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME MALLICIPA FRICAL	r i	1.2 NAME	Ì				İ	
STREET ADDRESS 1701 Pinehurst 1 CITY-ST-ZIP Ounedin Fr 3466	1 # 2114	13 STREE	ET ADDRESS]	
1701 Pinenurst	Kgad #347	1.4 CITY-					ł	
TITLE Ounedin, FC 3469	DELETE	2.1 TITLE				☐ Change	Addition	
		2.2 NAME				_ •	_ 1	
NAME		i i					ì	
STREET ADDRESS	_ •	-	ET ADDRESS	-				
CITY-ST-ZIP	☐ DELETE	2.4 CITY-				Change	Addition	
TITLE	□ DECE 12	3.1 TTLE		•		Change		
NAME		3.2 NAME	ľ					
STREET ADDRESS			ET ADDRESS					
City-st-zip		3.4. CITY-						
TITLE	☐ DELETE	4.1 TITLE	l l			Change	Addition	
NAME		4. 2 NAME	·					
STREET ADDRESS		4.3 STREI	ET ADDRESS				Į	
CITY-ST-ZIP		4.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME		5.2 NAME	ļ				}	
STREET ADDRESS		5.3 STREI	ET ADDRESS				}	
City-ST-ZIP		5.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE				Change	Addition	
NAME .		6.2 NAME	ſ			•		
STREET ADDRESS		6.3 STREI	ET ADDRESS					
CITY-ST-ZIP		6.4 CITY-	ST-ZIP				{	
GELT-GET-UF								

14. I hereby certify that the information supplied with this filling 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/supplierherital 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: