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 # P98000054949

G2 CONTRACTING SYSTEMS, INC.

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

03-09-1999 90079 050 ***150.00



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Principal Place of Business Mailing Address									
2127 S.W. DANI PALM CITY FL		2127 S.W. DANFORTH CIR PALM CITY FL 34990	2127 S.W. DANFORTH CIRCLE PALM CITY FL 34990			DO NOT WRITE IN THIS	SPACE		
							OI AGE		
						3. Date Incorporated or Qualifed 06/18/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number	- الحام	pplied For	
21	26						ot Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			-5Certificate of Status Desired		Additional	
27						5. Octobroad of States Section 2	Fee R	equired	
City & State	•	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year In			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
	r, Jack Scott			82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)			
2127 S.W. DANFORTH CIRCLE				62	Street Addi	laress (F.O. Box Number is not Acceptable)			
PALM CITY FL 34990				83					
			L						
			1	84	City	· FL	85 Zip	Code	
44 5		0502 and 607 1509 Elorida Statu	toe the ah	0//0	-named com	arction cubmits this statement for the numose of	changing it	s registered	
office or re	agistared agent or both in the S	tate of Florida. Such change was a	autnonzed	ו עם	tne corboratio	on's board of directors. I hereby accept the appo	intment as re	egistered	
agent. I ar	m familiar with, and accept the o	bligations of Section 607.0505, Flo	orida Statul	tes.		1.100=			
SIGNATURE	Jack Sell	Blew				d white reinstituted DATE		·	
	Signature, typed or printed name of registere	<u> </u>	E- Registered A	\gent	t signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
12.		S AND DIRECTORS DELETE			1 6	DIPISITIC	Change	Addition	
TITLE	D	L. DELETE	1,1 TIT		"	itisti je			
NAME	BLAIR, SAYDA	0 0	1.2 NAM						
STREET ADDRESS	C/OJACK SCOTT BLAIR,21	27 SW DANFORTH CR	1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CIT		r-ZIP			Addition	
TITLE	D	☐ DELETE	2.1 TITL	Æ	0	P/V	Change	Addition	
NAME	BLAIR, JEFFREY M		2.2 NAM	ΜE					
_STREET ADORESS	_C/OJACK SCOTT_BLAIR,21	27 SW DANFORTH CR	2.3 STF	REET	ADDRESS				
CITY-ST-ZIP	PALM CITY FL 34990		2. 4 CIT	Y-S1	T-ZIP				
TITLE	D	☐ DELETE	3.1 TITL		4	to olv	Change	Addition	
NAME	BLAIR, JACK SCOTT M		3.2 NAM	ΜE	1.7			-	
STREET ADDRESS	C/OJACK SCOTT BLAIR,21	27 SW DANFORTH CR	3.3 STF	REET	ADDRESS	_			
!	PALM CITY FL 34990	e. on providing on	3.4. CIT						
CITY-ST-ZIP	I VEWLOUIT LE 94320	☐ DELETE	4.1 TITI		1-211		☐ Change	Addition	
TITLE			4 2 NA				_ ,		
NAME									
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT		T-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITI		.		□ change		
NAME			5.2 NA	~					
STREET ADDRESS				_	ADDRESS				
CITY-ST-ZIP			5.4 CIT		T-ZIP	,			
TITLE		☐ DELETE	6.1 TITE	LE			Change	☐ Addition	
NAME			6.2 NA	ΜE					
CTREET ADDRESS			6.3 ST	REET	ADDRESS				

6.4 CITY-ST-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 suppliemental 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: