Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90081 043 ***150.00

DOCUMENT # P98000059225

1. Corporation Name

Principal Place of Business

ASARO'S CONSTRUCTION GROUP, INC.

2800 4TH STRE	EL NORIH	2800 4TH STREET NORTH SUITE 118						
SUITE 118 St. Petersbur	RG FI 33704	ST. PETERSBURG FL 33704			DO NOT WRITE IN THIS SPACE			
ST. TETERODORO TE VOTO					3. Date Incorporated or Qualifed			
					07/01/1998			
2. Principal Pl	ace of Business	2a. Mailing Address	ailing Address		4. FEI Number	Ar	pplied For	
21		26	26		59-3523392	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired		Additional	
		27	27		J. Verticals Di, Olatila, Desired	Fee R	equired	
City & State		City & State	City & State		6. Election Campaign Financing	•	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip			Country		8. This corporation owes the current year Into		W .	
24	25	29 30	30		Personal Property Tax.	Yes	No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
404	DO MONAPI T		81	Name				
	RO, MICHAEL T		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
	4TH STREET NORTH							
SUITE 118			83				ĺ	
ST. PETERSBURG FL 33704			84	City		85 Zip	Code	
				,				
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of	changing its	s 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								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Ager	nt signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12	
TITLE	D	☐ DELETE 1.1 T		ľ	LAST MASATO	☐ Change	Addition	
NAME	ASARO, MICHAEL T		1.2 NAME	}	Jeanne M Asaro 1946/12 3 Ave N Ste 118		ł	
STREET ADDRESS	REET ADDRESS 2800 4TH STREET NORTH, SUITE 118			ADDRESS	1946/2 3400 10		Ţ	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-S	T-ZIP	St. Petersburg, FL 33713 Vimothy D Asaro 1946 3 Ave N APt3		_ `	
TITLE	☐ DELETE 2.1 T		2.1 TITLE		V Assess	Change	Addition	
NAME	l.		2.2 NAME	Ī	TIMOTHY O HISIOTO		ľ	
STREET ADDRESS			2.3 STREE	TADDRESS	1946 3 AVE N API 3			
CITY: ST- ZIP	24		2.4 CITY-5	T-ZIP	St. Petersburg, FL 337/3			
TITLE	☐ DELETE 3.1 T			Ì		Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE	☐ DELETE 4.1 T			-		Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS:			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE	☐ DELETE 5.1 TI		5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP		_	5.4 C/TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME	ŀ				
STREET ADORESS			6.3 STREE	T ADDRESS			l	
CITY-ST-ZIP			6.4 CITY-S	T-2IP	_			

CITY-ST-ZIP 14. 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 or application with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER