## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000059629

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90050 016 \*\*\*150.00

WEST C	OAST CONTRACTORS, II	NC.						
Principal Place of Business Mailing Address						1 10011001 (10 10101 10111 00111 00111	ir 2010) Birin 18110 Biling clara cars (est	
3607 67TH STREET WEST BRADENTON FL 34209		3607 67TH STREET WEST BRADENTON FL 34209				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/06/1998		
2. Principal P	tace of Business	2a. Mailing A	F			4. FEI Number 65-0848050	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional _ Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	Country 30			This corporation owes the current y     Personal Property Tax.	ear Intangible	
9. Name and Address of Current Registered Agent						10. Name and Address of New Regis	tered Agent	
HOYLE, D R ESQ 2401 MANATEE AVENUE WEST				81	Name Street Add	Address (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205				83	_			
				84	City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ite of Florida. Such cl	nange was authoriz	ed by	the corporal	poration submits this statement for the purp- ion's board of directors. I hereby accept the	ose of changing its registered appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Ager	nt signature redu	red when reinstating) D.	ATE	
12.	OFFICERS AND DIRECTORS 1:					ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	D DELETE 1.			TITLE			☐ Change ☐ Addition	
NAME BOWER, GLENN P			NAME					
PEDEET ADDRESS 3607 87TH CEDEET WEST				STREET	ADDRESS			

**BRADENTON FL 34209** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE MCCANNA, RICHARD E III 2.2 NAME NAME POST OFFICE BOX 1990 2.3 STREET ADDRESS STREET ADDRESS HOMOSASSA SPRINGS FL 34447 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE BERTINE, CHARLES D 3.2 NAME NAME **POST OFFICE BOX 454** 3 3 STREET ADDRESS STREET ADDRESS **HOMOSASSA SPRINGS FL 34487** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE NAME BULTEMA, KURT R 4.2 NAME 7228 CASTLE DRIVE 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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 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 without address, with all other like empowered.

SIGNATURE:

RESIDENT