

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 # P98000059710

1. Corporation Name

MAIR CONSTRUCTION, INC.

Principal Place of Business

1225 WINDSOR AVE.  
LONGWOOD FL 32750

Mailing Address

1225 WINDSOR AVE.  
LONGWOOD FL 32750

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

2a. Mailing Address

26 P.O. BOX 1076

27 Suite, Apt. #, etc.

28 City & State

28 ALTAMONTE SPRINGS

29 Zip

30 Country

30 SEM

9. Name and Address of Current Registered Agent

SPICER, KAREN L  
1225 WINDSOR AVE.  
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PVD	11 TITLE	PVD
NAME	MAIR, AL	12 NAME	MAIR, AL
STREET ADDRESS	764 JORDAN CT.	13 STREET ADDRESS	1225 WINDSOR AV
CITY-ST-ZIP	ORLANDO FL 32765	14 CITY-ST-ZIP	LONGWOOD, FL 32750
		2.1 TITLE	
TITLE	STD	2.2 NAME	
NAME	SPICER, KAREN L	2.3 STREET ADDRESS	
STREET ADDRESS	1225 WINDSOR AVE.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	LONGWOOD FL 32750		
		3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP			
		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP			
		5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			
		6.1 TITLE	
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 with an address, with all other like empowered.

SIGNATURE:

AL MAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 407/265-9194

Date

Daytime Phone #

0073273

CR2E034 (11/98)