## \$ 150.00 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 # P98000064816

1. Corpora ion Name

ARMLIN CONSTRUCTION, INC.

Principal Place of	Rucinoce
Frincipal Frace of	Dualiticaa

4555 SR 206 WEST

Mailing Address

4555 SR 206 WEST

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90001 045 \*\*\*150.00



ECKTON PL 32003		EFVIOR 15 35000			DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed 07/22/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number App ied For
21		26				59-3525934 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
22		27				
City & S:at	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	Zip	Count			
Zip	25	<b>⊢</b> , '	30	. ,		8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No
24	9. Name and Address of Current	29 Registered Agent	30			10. Name and Address of New Registere I Agent
	J. Hallie Blid Add do de dallone	ragioni - ragioni	8	11	Name	
ARM	ilin, isaac d				01	(D.O. Day Niyaharia Not Assessable)
4555	S SR 206 WEST			82 Street Add		dress (P.O. Box Number is Not Acceptable)
ELKT	TON FL 32033		8	13		
			ļ.,	4	City	85 Zip Code
			ľ	14	City	FL   S   Z   S   S   Z   S   S   S   S   S
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized b	y th	e corporat	poration submits this statement for the purpose of changing its registered tion's board of cirectors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed nai ie of registered agent	and title if applicable. (NOT	Ti.: Registered A	gent s	signature requ	red when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DRESIDENT	☐ DELETE	1.1 TITLE	=		☐ Change ☐ Addition
NAME	ARMLIN, ISAAC D		1.2 NAM	Ε		
STREET ADDRESS	P O BOX 5482 N/A		1.3 STRE	ET A	DORESS	
CITY-ST-ZIP	ELKTON FL 32033		14 CITY	-ST-Z		
TITLE		☐ DELETE	2.1 TITLE		V	VICE PRESIDENT Change Addition
NAME			2 2 NAM	E	T.	Rick Armlin
STREET ADDRESS			2.3 STRE	ET A	DDRESS 1	100 CACA. RD.
CITY-ST-ZIP			2. 4 C(T)	/-ST-	ZIP jr:	=. PALATKA, FL 32131
TITLE		☐ DELETE	3 1 TITLI	Ξ		☐ Change ☐ Addition
NAME			3.2 NAM	E	İ	
STREET ADDRESS			3.3 STRI	ET AI	DDRESS	
CITY-ST-ZIP		·	3.4. CITY	/- ST-	ZIP	
TITLE		☐ DELETE	4.1 TiTLE	=		☐ Change ☐ Additi
NAME .			4. 2 NAN	ŧΕ		
STREET ADDRESS			4.3 STR	ET AI	DDRESS	
CITY-ST-ZIP	-		4.4 CITY		ZIP	Change Ci Malin
TITLE		☐ DELETE	5.1 TITU			☐ Change ☐ Additi
NAME			5.2 NAM			
STREET ADDRESS					DDRESS	
City-St-ZIP		DELETE	5.4 CITY 6.1 TITL		ZIP	☐ Change ☐ Additi
TITLE		L) DELETE	6.2 NAM			□ cuange □ Noon
NAME					DODESC	
STREET ADDRESS					DDRESS	
CITY-ST-ZIP	1		6.4 CITY	- \$T-2	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 attach ment with an address, with a little empowered.

SIGNATURE:

CR2E034 (11/98)