

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90223 044 ***150.00

DOCUMENT # P98000066127

1. Corporation Name

ALMARK CONSTRUCTION, INC.



Principal Place of Business

4185 W. LAKE MARY BLVD., SUITE 195
LAKE MARY FL 32746

Mailing Address

4185 W. LAKE MARY BLVD., SUITE 195
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

59-3522911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1225 BENNETT DR.

Suite, Apt. #, etc.

22 #114

City & State

23 LONGWOOD, FL

Zip

24 32750

Country

25 SEMINOLE

2a. Mailing Address

26 1225 BENNETT DR.

Suite, Apt. #, etc.

27 #114

City & State

28 LONGWOOD, FL

Zip

29 32750

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

PESTER, MARK
561 BIRGHAM PLACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

MARK PESTER

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

1225 BENNETT DR.

83

#114

84

City

LONGWOOD

FL

85

Zip Code

32750

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]

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

(NOTE: Registered Agent signature required when reinstating)

5-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MARK PESTER

STREET ADDRESS 317 BENNETT DR.

CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ DELETE

NAME VICE PRESIDENT - COO

STREET ADDRESS ALBERT GROVET

CITY-ST-ZIP 755 OAKLAND CIR. #213

LAKE MARY, FL 32746

TITLE ☐ DELETE

NAME VICE PRESIDENT -

STREET ADDRESS WALTER

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME WALTER VICE PRESIDENT OF CONSTRUCTION

1.3 STREET ADDRESS WALTER J. SAUNDERS

1.4 CITY-ST-ZIP 296 LESLIE LANE

LAKE MARY, FL 32746

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

(407) 265-3190

Daytime Phone #

CR2E034 (1/198)