

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90125 047 ***150.00

DOCUMENT # P98000075331

1. Corporation Name

JOSEPH A. REILLY CONSTRUCTION & RESTORATION, INC



Principal Place of Business

**1771 RANCHWOOD DRIVE SOUTH
DUNEDIN FL 34698**

Mailing Address

**1771 RANCHWOOD DRIVE SOUTH
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

☒ 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

21 431 David Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 431 David Ct.
Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

Zip

24 34684

Country

Zip

29 34684

Country

30

9. Name and Address of Current Registered Agent

**REILLY, LEANN
1771 RANCHWOOD DRIVE SOUTH
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name

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

431 David Ct.

83

84 City

Palm Harbor

FL

85 Zip Code

34684

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

TITLE ☐ DELETE
NAME **D REILLY, LEANNE**
STREET ADDRESS **1771 RANCHWOOD DRIVE SOUTH**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE
NAME **D REILLY, JOSEPH**
STREET ADDRESS **1771 RANCHWOOD DRIVE SOUTH**
CITY-ST-ZIP **DUNEDIN FL 34698**

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 **Reilly, LeAnn**
1.3 STREET ADDRESS **431 David Ct.**
1.4 CITY-ST-ZIP **Palm Harbor, FL 34684**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Reilly, Joseph**
2.3 STREET ADDRESS **431 David Ct.**
2.4 CITY-ST-ZIP **Palm Harbor, FL 34684**

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:

LeAnn Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(727) 455-5639

Daytime Phone #

CR2E034 (11/98)